RFP-2011-34: Long Term Agreement for Editing Services in English
Answers to inquiries by potential bidders
4-August-2011

1. Paragraph 2 of Section 2.7.4 asks for a combined rate for copy-editing, technical editing and proofreading per 1000 words.

The following paragraph, however, asks for the price for (1) copy-editing, (2) technical editing and (3) proofreading.

Please can you confirm whether I need to submit a single rate to cover any of copy-editing, technical editing and proofreading, or whether I need to submit three separate rates.

Please, submit three separate rates.

---

2. Is there any tool other than MS Word and Adobe Acrobat Pro required?
NO

---

3. Will existing style guide be provided?
NO but you will find attached sample of document already edited for UNAIDS

---

4. What is the rough frequency of document hand off and turnaround time requirement?
Annual average of editing requested: 50 files totaling around 606 978 words. Each document ranges from 500 words to 80000 words.

---

5. Is payment in US dollar an option?
Yes. Bidders can submit the bid in the currency of their country of USD if is legal in their country. All bids will be converted, for comparison purposes only, to USD at the UN exchange rate valid at the date of closing of the RFP.

---

6. Could you please provide a representative selection of the material you require to be edited and proofread?
Please find below a sample document pre and post editing. 38 pages original document, and 39 pages edited document.

ORIGINAL DOCUMENT BEFORE EDITING (38 PAGES)

GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE | 2011-2015

COUNTDOWN TO ZERO

Proposed Table of contents

✱ PREAMBLE

We believe that by 2015, children everywhere can be born free of HIV and their mothers remain alive.

We resolve to work towards the elimination of new HIV infections among children and keeping their mothers alive by the following:

- All women especially pregnant women have access to quality life-saving HIV prevention and treatment services—for themselves and their children.
- The rights of families and communities, especially women living with HIV, are respected and they are empowered to fully engage in ensuring their own health and the health of their children.
- Adequate resources—human and financial—are available from both national and international sources in a timely and predictable manner while acknowledging that success is a shared responsibility.
- HIV, maternal health, newborn and child health, and family planning programmes work in together, deliver quality results and lead to improved health outcomes.
- Communities, in particular women living with HIV are enabled and empowered to support women and their families to access the HIV prevention, treatment and care that they need.
- National and global leaders act in concert to support country driven efforts and are held accountable for delivering results.

About the Global Plan

This Global Plan provides the foundation for country-led movement towards the elimination of new HIV infections among children and keeping them and their mothers alive. The Global Plan was developed through a consultative process by a high level Global Task Team convened by UNAIDS and co-chaired by UNAIDS Executive Director Michel Sidibé and United States Global AIDS Coordinator Ambassador Eric Goosby. It brought together 25 countries and 30 civil society, private sector, networks of people living with HIV and international organisations to chart a roadmap to achieving this goal by 2015.

This plan covers all low- and middle-income countries, but focuses on the 22 countries[1] with highest estimate of HIV positive pregnant women. Exceptional global and national efforts are needed in these countries that are home to nearly 90% of pregnant women living with HIV in need of services. Intensified efforts are also needed to support countries with low HIV prevalence and concentrated epidemics to reach out to all women and children at risk of HIV with the services that they need. The Global Plan supports and reinforces the development of costed country-driven national plans.

[1] Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Uganda, United Republic of Tanzania, Swaziland, Zambia and Zimbabwe.

-

✱ FRAME IT: WHY

“No child should be born with HIV; no child should be an orphan because of HIV; no child should die due to lack of access to treatment.”

- *Ebube Sylvia Taylor, an eleven year old Nigerian, born free of HIV, speaking to world leaders who gathered in New York in 2010 to share progress made towards achieving the Millennium Development Goals by 2015.*

The world has an unprecedented opportunity to make new HIV infections among children history. In 2009, 370 000 children became newly infected with HIV globally and an estimated 42 000—60 000 pregnant women died because of HIV. In contrast, in high-income countries the number of new HIV infections among children and maternal and child deaths due to HIV was virtually zero. In low- and middle-income countries, too few women are receiving HIV prevention and treatment services to protect themselves or their children. This inequity must change. The value of the life of a child and a mother is the same, irrespective of where she or he is born and lives.

It is possible to stop new HIV infections among children and their mothers alive if pregnant women living with HIV and their children have timely access to quality life-saving antiretroviral drugs—for their own health, as indicated, or as a prophylaxis to stop HIV transmission during pregnancy, delivery and breastfeeding. When antiretroviral drugs are available as prophylaxis, HIV transmission can be reduced to less than 5%. Preventing HIV infection among women at increased risk of HIV and meeting unmet family planning needs of women living with HIV can significantly contribute to reducing the need of antiretroviral prophylaxis and treatment.

There is global consensus that the world must strive towards elimination of new HIV infections among children by 2015 and keep mothers and children living with HIV alive. Many low-and middle-income countries have already moved significantly towards achieving these goals.

The Goal

The goal of the Global Plan is to move towards eliminating new HIV infections among children and keeping their mothers alive. This plan focuses on reaching HIV positive pregnant women and their children—from the time of pregnancy until the mother stops breastfeeding. Prior to pregnancy, and after breastfeeding ends, HIV prevention and treatment needs of mothers and children will be met within the existing continuum of comprehensive programmes to provide HIV prevention, treatment, care and support for all who need it.

Global Target #1: Reduce the number of new HIV infections among children by 90%

Global Target #2: Reduce the number of AIDS-related maternal deaths by 50%

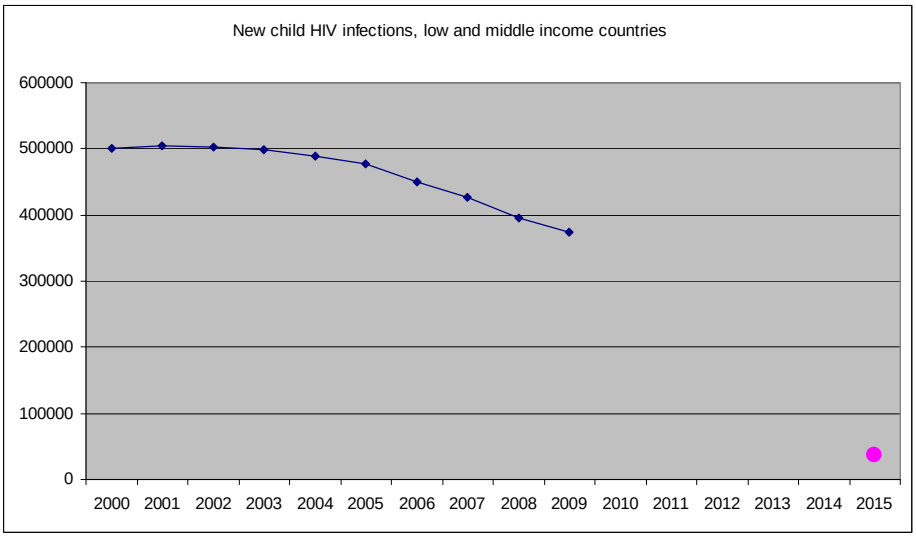
(detailed explanation on the targets, definitions and measurement are outlined in page xx)

Building on past success, moving to the future

Over the past decade, impressive progress has been made by countries in rolling out programmes to stop new HIV infections among children. Since 2005, HIV prevalence has declined in many countries and country-led action has rapidly increased the number of pregnant women living with HIV receiving prevention services including antiretroviral drugs to prevent HIV transmission to their children. Some progress has also been made in providing family planning services to women living with HIV.

Many low- and middle-income countries had achieved at least 80% coverage of services to prevent HIV transmission to children by December 2009, with global coverage reaching 53%. These include high HIV burden countries such as Botswana, Namibia, South Africa and Swaziland; as well as several countries with concentrated HIV epidemics including Argentina, Brazil, Russian Federation, Thailand and Ukraine. However, a large number of women continue to receive sub-optimal drugs such as single dose nevirapine as the main HIV prophylaxis. This must be phased out as a matter of priority, in line with recent WHO guidelines.

Almost all countries include programmes for prevention of new HIV infections among children in their national AIDS plans. A large number have also set ambitious targets. The road towards the elimination of new HIV infections among children and keeping their mothers alive will build on this progress. It will also leverage broader efforts to improve maternal and child health, the technical expertise of other countries, the aid effectiveness agenda, renewed engagement of regional bodies for South-to-South cooperation, as well as developments in research and policy for focused and simplified treatment regimes and interventions in order to accelerate action.



Four key principles for success

To stop new HIV infections among children and keep their mothers alive, current programme approaches must be transformed. Such change must be guided by a set of four overarching principles.

1. Women living with HIV at the centre of the response

National plans for eliminating new HIV infections among children and keeping their mothers alive must be firmly grounded in the best interests of the mother and child. Mothers and children must have access to optimal HIV prevention and treatment regimens based on latest guidelines. Women living with HIV must also have access to family planning services and commodities. The process of developing and implementing programmes must include the meaningful participation of women, especially mothers living with HIV to tackle the barriers to services and to work as partners in providing care. In addition, efforts must be taken to secure the involvement and support of men in all aspects of these programmes, and to address HIV- and gender-related discrimination that impedes service access and uptake as well as client retention.

2. Country ownership

Leadership and responsibility for developing national plans towards eliminating new HIV infections among children and keeping their mothers alive lie with each country. As countries are at different stages of programme implementation, context-specific operational plans are required. Each country, led by its Ministry of Health will take the lead in all processes of priority setting, strategic planning, performance monitoring, and progress tracking, in close collaboration with other critical stakeholders, including networks of women living with HIV, civil society, private sector, bilateral and international organizations.

To make country ownership a reality, all policies and programmes must align with the Three Ones principles for coordinated country action, which call for all partners to support: one

national action framework, one national coordinating mechanism, and one monitoring and evaluation system at country level. This approach will ensure the most effective and efficient use of resources to support progress, as well as the identification and fulfilling of any technical support and capacity-building needs.

3. Leveraging synergies, linkages and integration for improved sustainability

National plans must leverage opportunities to strengthen synergies with existing programmes for HIV, maternal health, newborn and child health, family planning, orphans and vulnerable children, and treatment literacy. This integration must fit the national and community context.

HIV prevention and treatment for mothers and children is more than a single intervention at one point in time in the perinatal period. Instead it should be seen as an opportunity for a longer continuum of care engagement with other essential health services, without losing the focus on HIV prevention, treatment and support for mothers and children. This includes addressing loss to follow-up through strong and effective mechanisms for referral and entry into treatment and care for infants diagnosed with HIV and for their mothers who require treatment after pregnancy and breastfeeding, as well as greater community engagement in HIV and other health service delivery and programme monitoring.

Through powerful synergies, the Global Plan will make significant contributions to achieving the health-related and gender-related Millennium Development Goals (MDGs) and the Global Strategy for women's and children's health. Such synergies are all the more important in countries where HIV currently accounts for a significant proportion of all adult female and/or child mortality and the AIDS epidemic is impeding progress in reducing child mortality (MDG 4) and improving maternal health (MDG 5).

4. Shared responsibility and specific accountability

Shared responsibility—between families, communities and countries—for stopping new HIV infections among children and keeping their mothers healthy is vital. Access to HIV prevention treatment and support services is critical for mothers and their children. Health services must be responsive to the needs of pregnant and postnatal women living with HIV and to the ongoing needs of these mothers, their partners and families. Communities must support pregnant women and their partners in accessing HIV testing and counselling services without stigma and discrimination, and national and sub-national authorities must exert their concerted leadership to enable this to happen. Developing countries and development partners must make adequate human and financial resources available and adopt evidence-informed policies. Regional bodies should be called on to support improved efficiencies and support countries with the necessary frameworks for co-operation and accountability. The roles and responsibilities of all partners must be specific, transparent and have clear indicators to measure progress and accountability.

Recognizing the challenges

Significant challenges remain to preventing new HIV infections among children and scaling up the demand for and provision of treatment for pregnant women, but there are also opportunities for these to be overcome. In 2009, an estimated 15.7 million women above the

age of 15 were living with HIV globally, of whom 1.4 million became pregnant. Nearly 90% of these expectant mothers were from 22 countries in sub-Saharan Africa and India.

These challenges include:

1. **Need for extraordinary leadership:** Greater leadership on policy, research and implementation from all partners is critical to the implementation of the national plans at all levels—community, sub national, national, regional and global. More sustained and greater evidence-informed high-level advocacy is required to generate leadership and political commitment within countries to scale up needed services and to reduce obstacles to uptake and retention, such as stigma and discrimination.

2. **Need for up-to-date national plans**: Countries and regions should ensure that national plans align with agreed country-specific goals for elimination of new HIV infections among children and keeping them and their mothers alive, within a broader context of their wider HIV and maternal, newborn and child health strategies.

3. **Need for sufficient financial investment:** In most low- and middle-income countries current levels of investments in programmes to prevent new HIV infections among children and keeping their mothers alive are insufficient to meet the need.

4. **Need for a comprehensive and coordinated approach to HIV prevention and treatment for mothers and their children:** Some country programmes do not fully implement WHO guidelines for HIV prevention, treatment and support for pregnant women living with HIV and their children. A comprehensive, integrated approach to HIV prevention and treatment, which involves men, women and their children, is essential to improve women's and children's health and to save lives.

5. **Need for greater programmatic synergies and strategic integration:** Linkages between programmes to stop HIV transmission among children and maternal health, newborn and child health, and family planning programmes should be strengthened.

6. **Need for greater human resources for health:** Gaps in human resources for health, including doctors, nurses, midwives and community health care workers are a major bottleneck in rapidly expanding HIV prevention, treatment and support services for mothers and children.

7. **Need to address structural impediments to scale up:** A range of social, cultural, and economic factors impede demand for and access to and use of antenatal and postnatal care and HIV services. These include the low uptake of antenatal and childbirth services due to user fees, perceived limited value, long waiting times, transportation costs and lack of partner support. In particular, HIV-related stigma and discrimination remains a significant obstacle to increasing the demand for and uptake of essential services as well as to client retention. Leadership at all levels is required to address these critical issues.

8. **Need to strengthen access to essential supplies:** Programmes to eliminate new HIV infections among children and keep them and their mothers healthy and alive are heavily dependent on the availability of key commodities, such as antiretroviral drugs and technologies used in rapid HIV tests, CD4 counts, viral load tests, including for early infant diagnostics. In many countries, access to these commodities is limited and supply chain management systems are overstretched and unable to meet demand.

9. **Need for simplification:** Current programme approaches are insufficient to reach the goal towards eliminating new HIV infections among children and keeping their mothers alive. HIV prevention and treatment services and their delivery systems have to be simplified, care provision at Primary Health Care level. This includes rapid HIV testing, point-of care diagnostics (CD4 counts) of HIV-infected pregnant women, and simple one pill daily drug regimes that do not have to be switched between pregnancies and breastfeeding periods.

Even though coverage of programmes to stop HIV infections among children have more than doubled in the last few years, progress is insufficient and does not meet the prevention and treatment needs of women and children as evidenced by the number of women and children who either do not receive services or who are lost to the system before completion . In many countries with high coverage, sub-optimal drug regimens are being used, which have resulted in decreased prophylactic impact and adverse effects for women. Countries are now in an important transition towards the implementation of new guidelines based on the 2010 revised WHO guidelines. Future coverage and interventions must emphasize and reflect the use of more effective regimens, including treatment for eligible pregnant women and children and increase access to family planning.

[Insert chart of countries using single-dose vs. other combinations]

Treatment 2.0 and elimination of new HIV infections among children

Existing programmes should be closely linked with antiretroviral treatment and care programmes and the Treatment 2.0 agenda, which promotes point of care HIV diagnostics, optimized antiretroviral treatment and care programmes and service delivery systems. The strategic integration of these programmes, informed by local conditions, will help to reduce costs, avoid duplication, increase programme efficiencies and improve women's access to and uptake of needed services, as well as their quality.

The programme framework

The implementation framework for the elimination of new HIV infections among children and keeping their mothers alive will be based on a broader four-pronged strategy. This strategy provides the foundation from which national plans will be developed and implemented , and encompasses a range of HIV prevention and treatment measures for mothers and their

children together with essential maternal, newborn and child health services as well as family planning, and as an integral part of countries efforts to achieve millennium development goals 4 and 5 as well as 6.

Prong 1: Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum/natal care and other health and HIV service delivery points, including working with community structures.

Prong 2: Providing appropriate counselling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for women and their children.

Prong 3: For pregnant women living with HIV, ensure HIV testing and counselling and access to the antiretroviral drugs to prevent infection being passed on to their babies during pregnancy, delivery and breastfeeding.

Prong 4: HIV care, treatment and support for women, children with HIV and their families.

MDGs and the Global Plan

The elimination of new HIV infections among children and keeping their mothers alive contributes directly towards achieving four of the Millennium Development Goals (MDGs), where HIV currently holds back progress. Similarly progress on achieving other millennium development goals contributes to HIV prevention and treatment for women and children.

MDG 3: Promote gender equality and empower women—by supporting women's empowerment through access to HIV prevention information, HIV prevention and treatment services, and sexual and reproductive health services, by involving mothers living with HIV as key partners in delivering the plan and engaging their male partners. By empowering women, they are better able to negotiate safer sex and by eliminating gender-based violence women's vulnerability to HIV is reduced.

MDG 4: Reduce child mortality—by reducing the number of infants infected with HIV; by providing treatment, care and support for uninfected children born to mothers living with HIV and ensuring effective linkages to life-saving treatment for HIV+ children; and, indirectly, by improving maternal health and ensuring safer infant feeding practices. By improving neonatal conditions and family care practices survival rates of children born to women living with HIV are increased.

MDG 5: Improve maternal health—through preventing of HIV among women and provision of family planning for HIV-positive women of childbearing age; and by ensuring effective care, treatment and support for mothers living with HIV. Strong health systems can help ensure that every birth is safe and pregnant women are able to detect HIV early and enrol in treatment.

MDG 6: Combat HIV/AIDS, malaria and other diseases—by preventing the spread of HIV through preventing infection in women of childbearing age; preventing HIV transmission to children, and treating mothers, and ensuring strong and effective linkages to ongoing care, treatment and support for children and mothers living with HIV. By providing TB treatment deaths among pregnant women living with HIV are reduced. By preventing TB and malaria child and maternal mortality among women and children living with HIV is reduced.

✱ ADVOCATE FOR IT: LEADERSHIP FOR RESULTS

Leadership priorities

Taking leadership—creating responsive structures

While technical leadership to support programmes for elimination of new HIV infections among children and keeping their mothers alive is largely in place, managerial, community and political leadership must be strengthened to ensure programme ownership, problem solving and accountability. Leadership must focus on ensuring clarity in message, direction and priority action in ways that are recognized at all levels and by all stakeholders. Leadership must promote transparency, interaction and accountability, which can be reflected in incentive-based systems.

Making smart investments, managing resources efficiently

The core costs of preventing new HIV infections among children and keeping their mothers alive can be met in many of the countries with high number of babies being born with HIV. Recognizing that prevention costs far less than caring for a child living with HIV, and that keeping their mothers alive helps to keep families, communities and societies intact, national leaders should increase domestic contributions to core programme costs. Investments in eliminating new HIV infections among children and keeping their mothers alive are highly cost-effective—making them not only the right thing to do, but also the smart thing to do. Increasing national and regional investments in these areas is central to ensure sustainability beyond 2015.

Investments must be coordinated, simplified and harmonized and targeted at the services which are most effective at delivering results, so as wherever possible to get maximum benefit and value for money.

Leveraging HIV prevention and treatment with maternal, newborn and child health and reproductive health programmes

The close relationship between programmes for prevention of new HIV infections among children and keeping their mothers alive and maternal, newborn and child health programmes, especially in high HIV prevalence countries, offers an opportunity for a mutually enforcing effort, with HIV services for mothers and children serving as a catalyst to move both programmes forward.

Extraordinary leadership is required to make the needed transition from the traditional vertical approach to preventing mother-to-child transmission of HIV to a more comprehensive maternal, newborn child health-based service delivery system, with HIV prevention and treatment services for mothers and children as a catalyst for access to these comprehensive lifesaving health services.

Leaders also need to be aware of technological improvements such as simpler and more tolerable treatment regimens and easier to use point of care diagnostics, with new opportunities for organizing and delivering services at the point of care. These opportunities require matching regulations for equipping service delivery points and who are authorized to diagnose, initiate and provide prevention and treatment.

Being accountable

Moving the focus from programme scale up and coverage to targets and the systematic estimation of the number of new HIV infections among children will make countries and partners more accountable and focused on results.

Country and community ownership is essential when decisions are made about how to optimize synergistic and mutually beneficial programmes. Reliable data represent the basis for mutual accountability for governments and partners and to people that need, use and benefit from the services

Aligning the accountability framework for HIV prevention and treatment of mothers and children with the recently agreed accountability framework for the UN Secretary-General's *Global Strategy for Women's and Children's Health*—combining elements of community charters, annual national progress reviews and a global steering panel with an arena for reporting and assessing progress—is a key leadership opportunity. At the national level this aligned approach will facilitate joint planning, combined resource mobilization efforts, and joint monitoring and evaluation.

Leadership actions

Leadership must take place at all levels—community, national, regional and global—in order for the goals of elimination of new HIV infections among children and keeping mothers alive to be realized. To this end, core leadership actions should include:

Community actions

1. **Communities will develop, adapt and implement community priorities through charters.**
   Community charters will help to increase community awareness, define minimum standards and work to remove barriers for delivery of services, including efforts to reduce stigma and discrimination.
2. **Communities will ensure participation of all stakeholders.**
   Community leaders will ensure that all key local constituencies, including women living with HIV, service providers, men and faith-based representatives are involved in the design, implementation and monitoring of programmes.
3. **Communities will maximize community assets.**
   Community leaders will ensure that policies and programmes are relevant to each local environment and that all community resources and assets are engaged, including midwives, mentor mothers and other women living with HIV, peer educators and community health workers.
4. **Community leaders will identify solutions.**
   Community leadership is also vital to tackle the many complex psychosocial issues (including stigma and discrimination) faced by pregnant women living with HIV which limit their access to, or retention in, health services which could benefit them and their children.

National actions

1. **National leaders will build a vibrant coalition between the HIV and maternal, newborn and child health constituencies around the goal of eliminating new HIV infections among children by 2015 and keeping their mothers alive.**
   National leaders and in-country partners will exert political leadership to ensure that elimination of new HIV infections among children by 2015 and keeping their mothers alive is fully supported across development and private sectors and promote greater synergies and strategic integration of prevention of mother-to-child HIV transmission programmes and maternal, newborn, child health programmes as well as family planning services.

2. **National leaders will promote a sense of urgency, transparency and accountability in programme direction and implementation.**
   Legal and policy barriers to programme scale up will be removed. Leaders will own and lead all processes of planning strategically, implementing programmes, monitoring performance and tracking progress. This includes re-visioning of comprehensive, prioritized and costed national plans to eliminate new child HIV infections reducing deaths during pregnancy due to HIV, and ensuring the health and survival of mothers reflecting broader national HIV and maternal, newborn and child health strategies. National leaders will ensure that national plans and strategies are population-based and emphasize provision of services at primary care and decentralized levels.

3. **National leaders will ensure that national plans and strategies take account needs of marginalized pregnant women.**
   Leaders will need to ensure that all pregnant women in their country, irrespective of their legal status or occupation, are able to access HIV and antenatal services without stigma or discrimination. This includes specifically addressing national laws, policies and other factors that impede service uptake by women, their partners and their children as well as supporting communities to deliver HIV-related services. This means taking active steps to create demand for services.

4. **National leaders will increase their domestic contributions**
   National leaders will need to increase domestic investments for the elimination of new HIV infections among children and keeping their mothers alive in line with their updated national plans.

5. **National leaders will strengthen implementation of the Three Ones principles and establish efficient institutional and management systems.**
   National leaders will strengthen and implement the Three Ones principles to enhance the ability of development partners to direct all activities related to the elimination of new HIV infections among children and keeping their mothers alive, including essential maternal and child health services.

Regional actions

1. **Regional leaders will create regional partnerships to support the implementation of the Global Plan.**

   At regional level, leaders will support implementation of the Global Plan by supporting processes for harmonizing policies, promoting broader advocacy and sharing of best practices among countries and committing their countries to collaborate in implementing programmes as part of the on-going regional integration. The leaders will also ensure that the Global Plan is integrated in the regional development agendas and support the mobilization of domestic resources for implementing regional and national programmes.

2. **Regional leaders will promote South-to-South exchange of best practices.** Leaders at the regional level will use existing regional bodies—including the African Union Commission, the New Partnership for Africa's Development Planning and Coordinating Agency (NEPAD Agency), the Southern African Development Community (SADC), East African Community (EAC), Economic Community of West African States (ECOWAS), Economic Community of Central African States (ECCAS) and AIDS Watch Africa. The leadership of these bodies will raise awareness of, attract resources to, and promote collaboration around the goals of the Global Plan.

Global actions

1. **Global leaders will mobilize financial resources.**
   Leaders at the global level will mobilize additional resources from development partners—donors, foundations, and the private sector—to support the funding of the implementation of the Global Plan in countries.

2. **Global leaders will build and enhance the capacity of countries.**

   Global leaders will develop, resource and sustain mechanisms for coordinating the rapid provision of technical assistance and capacity building support to countries based on nationally-driven needs.

3. **Global leaders will advocate for simplification.**
   Global leaders will push for simplification of HIV treatment and prophylactic regimens and for the development of new, affordable technologies for HIV prevention and treatment as well delivery mechanisms.

4. **Global leaders will promote and support synergies and strategic integration between programmes for preventing HIV transmission among children and maternal, newborn, child and reproductive health to save lives.**
   Leaders at the global level will build coalitions and reinforce support for the integration of the initiative to eliminate new HIV infections in children and keep their mothers alive with the broader UN Secretary-General's *Global Strategy for Women's and Children's Health*, the Millennium Development Goals 4, 5, and 6, and other initiatives focused on women and children. Innovative approaches to service delivery that create demand for services and address women's education and psychosocial needs as well as providing clinical services will be developed.

5. **Global leaders will commit to accountability.**
   Global leaders will agree to an accountability framework that aligns with the UN Secretary-General's framework for Women's and Children's health through a distinct stream of reporting on new HIV infections among children, treatment of eligible pregnant women living with HIV and unmet family planning needs among women with HIV.

Resource mobilization priorities

A smart investment that saves lives

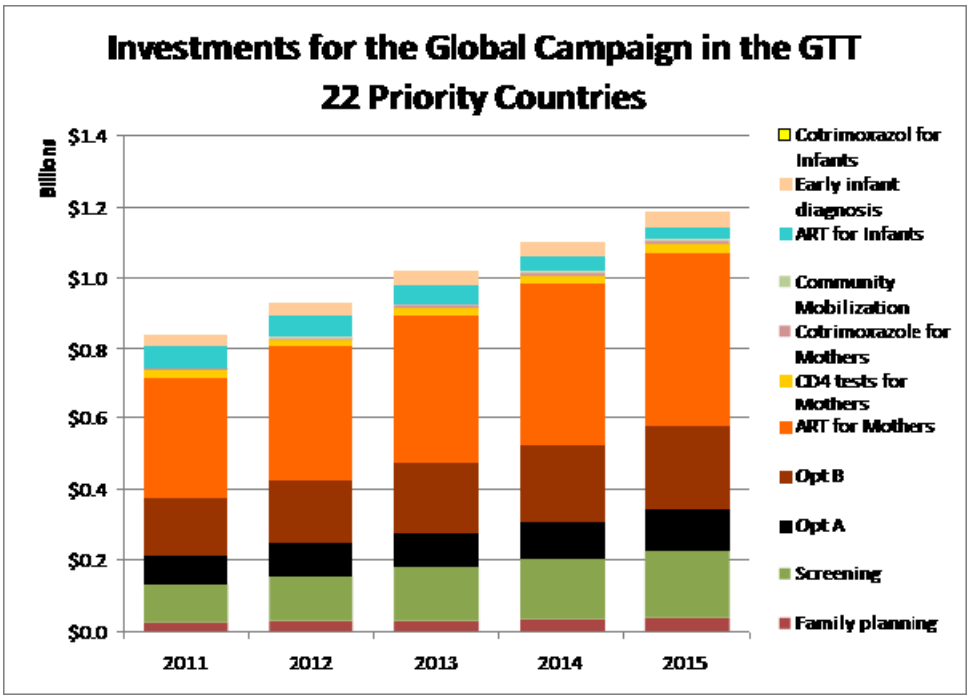
While new resources are required to reach this ambitious goal, few development efforts, if any, allow for such a focused investment with such a tangible impact. Overall, interventions to eliminate new HIV infections among children and keeping their mothers alive in the 22 priority countries, home to nearly 90% of pregnant women living with HIV in need of services, is estimated to be approximately $1 billion per year between 2011 and 2015

This includes costs for HIV testing and counselling, CD4 counts for pregnant women testing HIV-positive, antiretroviral prophylaxis, antiretroviral treatment and cotrimoxazole for eligible women and children, family planning for women living with HIV and community mobilization. Annual requirements in these 22 countries are estimated to increase from about US$ 900 million in 2011 to about US$ 1.3 billion in 2015. A large proportion of this investment is required in a few high burden countries such as Nigeria and South Africa, which carry 21% and 14% of the burden of new HIV infections among children, respectively.

UNAIDS estimates that approximately US$ 500 million is invested annually to stop new HIV infections among children, indicating that the majority of required global resources for HIV specific interventions for the first year is already available. There is a shortfall of less than US$ 300 million in 2011 and of about US$ 2.5 billion for the period 2011 and 2015.

Ensuring funds to treat infants with HIV in the first year of life are particularly critical, as nearly one third of infants with HIV will die without appropriate treatment. The cost of treating all infants newly infected with HIV in 2011 is about US$ 60 million, a cost which diminishes over time with successful elimination of new HIV infections among children. Inclusion of treatment costs for children diagnosed with HIV extends beyond the scope of prevention, but recognizes prevention failures may occur and pediatric treatment needs must be immediately covered for newborns.

{chart below]



Need for further resource mobilization

Additional donor resources are needed for broader national health systems strengthening in many countries, to support maternal, newborn and child health services in many countries and to improve women's and children's health outcomes. These investments have not been included in this Global Plan and must be mobilized separately, as do the funds for ongoing treatment for mothers beyond the breastfeeding period, fathers and children living with HIV.

Ten percent of new HIV infections among children occur in other countries across the world without a high burden of HIV. These countries have the potential to meet their needs from domestic resources. Providing the screening and services needed is also a priority and achievable objective, while recognizing that millions of women must be screened to find a positive individual in a low prevalence setting. [2]

Need for more coordinated and efficient management of resources

The financial management of investments in eliminating new HIV infections among children and keeping their mothers alive and related programmes remain fragmented and uncoordinated. Partners at all levels must work to harmonize their investment plans and ensure that they are coordinated under the leadership of the national plan.

[2] Estimated cost $2 billion over 5 years

Resource mobilization actions

The resource mobilization actions needed to support these priorities are outlined below. These actions are guided by the core principles of country ownership and shared responsibility.

1. Costing national plans.
Each country will cost its resource needs for eliminating new HIV infections among children by 2015 and keeping them and their mothers alive. The costing will be based on real cost data that is specific to their country by the end of 2011, and could be done during revision of national AIDS and maternal and child health plans.

These costed plans will include: harmonization of cost categories; a gap analysis to determine funding requirements at national and subnational levels; and ensure appropriate resource allocation according to need, particularly where national budgets are insufficient. Strengthening of antenatal, postnatal and maternal, newborn and child health programmes, as fit to context and essential to the elimination of new HIV infections among children and keeping their mothers alive, will be required to achieve agreed goals, and these additional costs will be established at country level. Costed plans will be the basis for country level resource mobilization and investments by all partners. Countries will also put in place an expenditure tracking mechanism to monitor investments.

2. Increasing domestic investments.
All countries will increase domestic investments proportionate to domestic capacity and burden. Many middle-income countries already cover a majority of their resource needs from domestic sources. Countries will strive to meet the Abuja target of 15% for health and prioritize investment for prevention of mother-to-child transmission of HIV programmes within that context.

3. Increasing international investments.
International investments will be mobilized from countries. Global resource mobilization efforts will led by UNAIDS, and country level investments will be led by national governments. Particular emphasis will be given to attract new donors such as the African Development Bank, foundations and philanthropies in both emerging and developed economies.

4. Exploring innovative financing mechanisms.
Countries will be encouraged to explore innovative financing mechanisms to support the resource gaps that they identify. These could include investments in national health insurance financing schemes, national levies and public-private partnerships.

5. Leveraging existing resources
National plans for the elimination of new HIV infections among children and keeping their mothers alive will identify existing investments in health and development including those for maternal, newborn and child health, orphans care and support and education, and maximize potential efficiencies gained from program and service integration. Given the key contribution of family planning to reduce the number of unplanned pregnancies among women living with HIV, linkages with HIV services will be a priority.

Communication priorities

Gaining public support for the elimination of new HIV infections among children and keeping their mothers alive

Eliminating new HIV infections among children and keeping their mothers alive will require widespread public support. Without such support, policy changes, resource and investment mobilization as well as implementation efforts will not be supported by leaders—globally, nationally and at the community level.

Increasing uptake of HIV testing and counselling, antenatal coverage, as well as retention in care

A communication campaign is required to mobilize couples to access quality assured comprehensive HIV services and, access to antenatal care for women. Such mobilization can create of demand for services, reduce the barriers to access and ensure that women stay in care for the full benefit of services.

Reducing stigma and discrimination faced by women and children living with HIV

Women living with HIV often face stigma and discrimination while accessing health and social welfare services and this limits the impact of services reducing the outcomes of care. Reducing stigma and discrimination is also vital to empowering and giving leadership to women living with HIV for them to demand access to and manage HIV-related services for them and their children. Mentor mothers and other women openly living with HIV, play a central role in communication campaigns to reduce stigma and discrimination and mobilizing demand and sustained use of services.

Communication actions

To promote the goal of elimination of new HIV infections among children and keeping their mothers alive, education and mobilization will be undertaken by countries and at the global level. A particular focus will be placed on building engagement among communities and civil society, linking with their aspirations and addressing their concerns, with special attention to the communities of women living with HIV, and to be sure that any campaigns reduce stigma and discrimination against pregnant women and mothers living with HIV, and do not inadvertently intensify the issues many women face.

1. National campaign.

To create an enabling environment for uptake of HIV services and increased community engagement, countries will undertake national campaigns.

These initiatives will be in synergy with existing behaviour and social change efforts including those on HIV prevention and treatment as well as maternal, newborn, child and

reproductive health. The objectives for country level campaigns will be based on the national plans and could include the following:

- Education and awareness
- Promotion of services, including treatment for pregnant women and their male partners
- Reduction of HIV- and gender-related stigma and discrimination
- Community engagement, including families and men
- Mobilization of resources
- Accountability
- Sharing of best practices

2. Global campaign.

A global campaign will be launched to promote the goal of eliminating new HIV infections among children and keeping their mothers alive. These efforts will increase interest and support behind the Global Plan and provide a communication framework and branding platform for all partners to use in promoting their individual programmes related to the elimination of new HIV infections among children and keeping mothers alive. Some of the objectives would include:

- Advocacy around the goal of the Global Plan
- Accountability
- Resources

The global campaign will seek to develop linkages and synergies with existing undertakings by partner organizations, including advocacy and communication efforts in support of the implementation of the UN Secretary-General's *Global Strategy for Women's and Children's Health*.

The campaign will be built around a uniting theme and generic identity which will provide partners with the flexibility to create their own campaigns that are suited to their audiences and programme goals.

✱ DO IT: IMPLEMENTATION

The Global Plan focuses on a broad spectrum of countries. Given their different needs, contexts and their differing stages of implementation progress, specific actions at county level towards elimination of new HIV infections among children and keeping them and their mothers alive must be appropriately tailored to each national and sub-national setting. However, despite the diversity of country contexts and conditions, many of the implementation challenges are common and there is a core set of programmatic and policy benchmarks which all countries should seek to reach towards attaining their national goals. This emphasizes treatment for pregnant women and mothers for their own health as well as access to family planning. The implementation of national plans will be based on the four-pronged approach outlined earlier in the plan.

Country implementation actions[3]: 10-point plan

The 10-point plan for accelerated action is a framework that enables each country, regardless of its circumstances, to take concrete steps to accelerate its progress towards eliminating new HIV infections among children and keeping their mothers alive.

1. **Conduct a strategic assessment of key barriers to elimination of new HIV infections and keeping their mothers alive.**
   Countries will undertake a rapid assessment of current prevention of mother-to-child transmission of HIV programmes and the current implementation plan. This will include identifying the critical policy and programmatic gaps and barriers to accelerated scale up, as well as the opportunities for advancing progress toward the target of elimination of new HIV infections among children and keeping their mothers alive.

2. **Develop or revise nationally-owned plans towards elimination of new HIV infections among children and keeping their mothers alive and cost them.**
   Countries will develop, or revise existing, national plans, ensuring they include clear goals and targets and strategic elements towards elimination of new HIV infections among children and keeping their mothers alive, where this has not yet been done. These plans will include a tracking mechanism for measuring step-wise progress, and a thorough costing of essential programmatic interventions. They will also link appropriately to national maternal and child health goals and contribute to strengthening maternal, newborn child health services and systems..

   Plans should include updating of national guidelines in line with best practices and a time frame for their rapid implementation, outline step to remove barriers for scale up, costing analysis to guide investments, and strengthening of monitoring and evaluation frameworks for tracking success.

[3] These ten points are mostly applicable to the 22 priority countries. Other countries with low and concentrated epidemics will have to adapt these to their local contexts.

In particular, the targets in these plans will be expressed in terms of the number of new HIV infections in children and the number of HIV-related maternal deaths averted. The plan will therefore specify linkages to the ongoing monitoring of estimated numbers of new HIV infections in children (not just coverage) at the sub-national level such as by region, province, or district beyond the breastfeeding period, and monitoring of survival and retention of mothers in care services. Plans should also reflect current global guidelines for treating pregnant women living with HIV, preventing HIV infection in infants, and infant feeding early infant diagnosis and treatment for children, and the rapid phasing out of single-dose nevirapine prophylaxis, as appropriate.

National plans will include explicit mechanisms for effective referral of infants diagnosed with HIV into appropriate treatment and care, as well as referrals for continued treatment, care and support for their mothers after the breastfeeding period ends.

Strategies for effectively engaging the community in all aspects of service scale up—demand creation, uptake and client retention—will be clearly articulated within these plans.

3. **Assess the available resources for elimination of new child HIV infections and keeping their mothers alive and develop a strategy to address unmet needs.**
Countries will conduct a mapping of the resources available for eliminating new HIV infections among children and keeping their mothers alive to identify financing gaps, including critical health system gaps. Each country will develop and implement a resource-leveraging strategy to increase investments from domestic, international and private sources. Countries will regularly revisit resource allocation in light of programme performance, evolving national priorities, and new technical evidence

4. **Implement and create demand for a comprehensive, integrated package of HIV prevention and treatment interventions and services.**
Countries will ensure that national plans reflect a comprehensive package, including promoting HIV prevention among women of reproductive age, meeting unmet family planning needs of women living with HIV, providing ARV prophylaxis to reduce mother-to-child HIV transmission and extending care and treatment to all eligible pregnant women living with HIV, as well as their infants with HIV. All programmes should reflect the latest global guidelines and evidence-informed solutions to overcome the barriers to elimination of new HIV infections among children, and reducing HIV-related maternal mortality.

5. **Strengthen synergies and integration fit to context between HIV prevention and treatment and related health services to improve maternal and child health outcomes.**
Countries will promote integration between HIV services for pregnant women and maternal, newborn and child health, family planning, orphans and vulnerable children, and other relevant programmes and services in order to expand HIV service coverage, increase access, strengthen linkages and referrals, improve quality and

optimize the use of resources. Countries will do this in particular by integrating the provision of HIV testing and counselling, antiretroviral prophylaxis and treatment into antenatal care and maternal, newborn and child health services. In addition, the provision of family planning will be integrated into HIV programmes for women living with HIV. Depending on the national context, countries may seek to strengthen the maternal, newborn, child health and antenatal care platforms.

6. **Enhance the supply and utilization of human resources for health.**
Through policy and regulatory reform, including task shifting and task sharing, countries will develop and implement a plan that addresses shortages of qualified health professionals including health care worker recruitment, training, deployment, and retention schemes; and resource mobilization from domestic and international sources.

   Task shifting measures will include enabling all health centres and nurses to perform HIV rapid tests, provide ARV prophylaxis, and maintain ART. National training curricula will be revised as necessary to ensure all incoming and current health care workers possess the requisite skills to implement optimal programs. Where feasible, Community Health Care Workers will be trained and empowered to perform rapid HIV testing, referrals for ART and provide adherence and maintenance support. Opportunities for mentor mothers and other women living with HIV to be trained to provide education and support in health care facilities and communities, for pregnant women and new mothers living with HIV will also be promoted.

7. **Evaluate and improve access to essential medicines and diagnostics and strengthen supply chain operations.**
Countries will assess supply requirements and system functionality including improving product and supply chain management down to the lowest level of care, national and sub-national commodity planning capacity, forecasting, and operational follow-up. Countries will be supported to improve access to essential commodities, and to strengthen laboratory systems and point of care capacity to deliver necessary diagnostic services, including rapid HIV test, DNA PCR, CD4 measurement, and haemoglobin tests at primary care level where feasible. Such services should continually evolve over time by introducing and rolling out promising new technologies.

   Simplification of systems, development of procurement plans, involvement of the private sector, South-to-South cooperation, and region-wide frameworks for drugs manufacture, procurement and regulations should be developed to reduce costs, and promote sustainability.

8. **Strengthen community involvement and communication.**
Countries will strengthen the capacity of communities, especially networks and support groups of women living with HIV, to increase their ownership of and participation in outreach activities and service delivery. Communities will be involved at all levels of programme planning, implementation, and monitoring to increase service demand and utilization, as well as follow-up support for programmes for

prevention of mother-to-child transmission of HIV and maternal, newborn and child health services. Community expertise will be further leveraged to promote the greater involvement of women living with HIV as well as men in programmes, to create a more supportive environment for meeting family planning needs, infant care and to reduce HIV-related stigma and discrimination, including through their participation in communication campaigns.

9. **Better coordinated technical support to enhance service delivery.** Countries will promote coordination of essential interventions by various partners in alignment with the Three Ones principles, ensuring that national priorities are addressed, identified gaps are filled and duplication of efforts is minimized. Direct and tailored technical support will be provided to rapidly respond to diverse country needs around programme scale up toward elimination of new HIV infections among children and keeping their mothers alive. Technical support will be coordinated with technical support to strengthen all maternal, newborn and child health programmes, especially in countries where antenatal coverage is weak.

10. **Improve outcomes assessment, data quality, and impact assessment.** Tools will be developed and implemented for assessing and reporting of antiretroviral prophylaxis and treatment as well as family planning data by enhancing central monitoring and evaluation as well as at community levels where services are provided. Operational research and impact assessments on HIV infections averted or reduction in transmission rate should utilize sound methodologies such as the global prevention of mother-to-child transmission of HIV impact assessment protocol in addition to modelling approaches. It will be important to ensure that all partners support, utilize, and respect the national monitoring and evaluation system for reporting of their project and programme data and that monitoring and evaluation activities strengthen health information systems.

Strengthening the role of frontline community health care workers

In order to reach the goal of eliminating new HIV infections among children and keeping their mothers alive, many health systems will require stronger sustainable human resources. Community health workers can be professionalized into a grassroots paid workforce that strengthens the country's basic building blocks of health related human resources. WHO guidelines recommend that many of the tasks related to prevention of mother-to-child transmission of HIV can be performed by Community health care workers. Community health care programmes should be integrated into a nationwide community health system that standardizes basic training, procedures and protocols which include referrals and follow up.

Countries must harness the capacities of communities by involving for example, women living with HIV and mentor mothers –a mother living with HIV who is trained and employed as part of a medical team to support, educate and empower pregnant women and new mothers about their health and their babies' health—to extend capacity, provide education and support and address the complex psychosocial issues many women face

in the community and in health services.7

Global and regional actions

1. **Global and regional partners will align with national plans towards elimination of new HIV infections among children and keeping their mothers alive.**
   All global and regional partners will align with the national implementation plans for the elimination of new HIV infections among children and keeping their mothers alive and support these in line with the Three Ones principles as well as the "Paris Declaration" for aid harmonization.

2. **Make available rapid technical support—global and South-to-South.**
   Requests for technical support at the national and sub-national level will originate from within countries and will be provided by global partners including international and bilateral organizations, regional bodies and offices, civil society, academic institutions and the private sector. Country-to-country support will be promoted, especially among countries with similar health systems and epidemiological characteristics. Countries with expertise in scale up of HIV prevention and treatment programmes for mothers and children will where possible support other countries through the exchange of technical experts, sharing of best practices and supporting long-term capacity building.

   Technical assistance will be provided within the context of the technical support plan developed by the WHO and UNICEF co-convened Inter-Agency Task Team on the prevention and treatment of HIV infection in pregnant women, mothers and their children (IATT) together with regional and country partners with the broad oversight of the Global Steering Group.

3. **Global guidelines will be revised**
   Global guidelines for HIV prevention and treatment will be revised periodically to reflect advances in science, and programme experience to simplify and deliver optimal programmes for women and children.

✱ ACCOUNT FOR IT: SHARED RESPONSIBILITY—SPECIFIC ACCOUNTABILITY

Adopting the elimination of new HIV infections among children and keeping their mothers alive as a goal requires countries to manage myriad complexities in existing structures, programming approaches, funding and support systems. Good governance must promote transparency, interaction and accountability at all levels—community, national and global. As such, the accountability mechanisms will combine the elements of community charter, annual national progress reviews and a global steering group with an arena for reporting and assessing progress. In addition, clear targets and milestones for 2015 and a clear framework to monitor and measure progress are an essential part of this plan.

Accountability priorities

Developing structures for shared responsibility and accountability

National accountability mechanisms will reflect the different responses and contexts in different countries. The global and regional level structures will need to support national level ownership and leadership for a renewed and re-positioned initiative aiming to achieve real progress toward eliminating new HIV infections in children with increased focus on treatment of their mothers for their own health.

Building community capacity to monitor progress.

Clear contracts and reliable data and information represent the basis for mutual accountability: for governments and partners to each other, and to people that need, use and benefit from the services. Systems need to be in place to collect essential data to support accountability and the capacity of communities needs to be built to use the data for programme planning, implementation and course correction. At same time, the currently high burdens of data collection and reporting must be reduced. A review of the indicators in use currently will be undertaken with a view to minimize data collection and reporting burden.

Developing new metrics for measurement

The shift from coverage scale up to elimination of new HIV infections among children and keeping them and their mothers alive calls for improved reporting on access, coverage, results and impact. This change of focus will make countries and partners more accountable and able to focus on the desired result rather than the process and individual sub-strategies.

Strengthening linkages with existing accountability initiatives

A key opportunity is to ensure the accountability framework for elimination of new HIV infections among children and keeping their mothers alive supports the recently agreed accountability framework for the UN Secretary General's *Global Strategy for Women's and Children's Health*, as well as those for the achievement of the MDGs and Universal Access targets. At the national level, this will facilitate joint planning and combined resource mobilization efforts and encourage a more synergistic approach to monitoring and evaluation.

Target setting and monitoring progress

The Global Monitoring Framework and Strategy for the Elimination of new child infections by 2015 developed by WHO and UNICEF provides specific information on the indicators and measurement methodologies for tracking the progress made. To keep implementation milestones on track, there is need for a robust reporting mechanism and core indicators for measuring success at the global, national and sub-national levels.

Accountability actions

1. **National Steering Group.**
   Where they do not already exist, each country will establish a high level national steering group chaired by the Minister of Health, with participation from key stakeholders, including women living with HIV, and representatives of other relevant Ministries. The steering group will be tasked to:

   a) Lead, coordinate and oversee core aspects of in-country efforts towards elimination of new HIV infections among children and keeping their mothers alive.

   b) Oversee a rapid assessment of existing national policies and plans where appropriate, including bottlenecks to progress.

   c) Ensure that national plans, policies, and targets are updated, and annual country work plans are developed where appropriate, to accelerate progress toward elimination of new HIV infections among children and keeping their mothers alive.

   d) Ensure that the Three Ones principles are applied in manner that strengthens national ownership of HIV and related maternal, newborn and child health programmes.

   e) Unify and harmonize the work of all stakeholders.

   f) Advocate for accelerated programme scale up and improved service quality.

   g) Ensure that the efforts to eliminate new HIV infections contribute towards improved maternal and child health outcomes.

2. **Community accountability actions.**
   Every pregnant woman should have access to predictable and quality services for a successful outcome of the pregnancy, and to assist her through the breastfeeding period and beyond to secure the best possible outcomes for mother and baby. Community charters will be developed in each country and adapted and implemented at community level.

   Such community charters will spell these out clearly critical requirements and ensure that health care providers are equipped to provide them. The implementation of these charters will be monitored in the community by groups including local leaders, local chapters of people living with HIV—including women living with HIV, health care

providers, and civil society organizations. These groups should be resourced to perform these program monitoring and responsiveness functions. Regular monitoring of progress at the ground level can help feed into the national monitoring process and build pressure for creating demand and sustained action.

3. **Global Steering Group.**
A small, high level and action-oriented Global Steering Group will be established, with representation from the key constituencies including high-burden countries, donors, programme implementers, women living with HIV, civil society organizations, foundations, corporations and the UN. The group will have 7-9 members. The Global Steering Group will initially be co-chaired by UNAIDS and PEPFAR and this chair will rotate among members. The Global Steering Group's role will be to provide oversight of the implementation of the Global Plan and ongoing accountability for progress towards the agreed goal. Some of the tasks of the Global Steering Group include the following:

a) **Mobilizing leadership**
Working with donor countries, UN agency heads of the H4+, and African political bodies such as the African Union, AIDS watch Africa, NEPAD, SADC, ECOWAS, the Steering Group will mobilize political support for high level leadership on, and active engagement in, country driven efforts. The "Champions for an HIV-free Generation" and the Organization of African First Ladies Against AIDS (OAFLA) will also be involved in this context.

b) Ensuring Technical Support Working with and through the IATT on HIV prevention and treatment in pregnant women and their children, and regional facilities, the Steering Group will ensure the review, response and necessary follow up to requests from countries for the full range of country defined needs for technical and managerial support and capacity building**.**

c) **Tracking results**
The Global Steering Group will ensure the timely monitoring of global progress including an annual review and report on the implementation of the Global Plan toward the elimination of new HIV infections among children and keeping mothers alive. The Steering Group will convene annual progress reviews on the sidelines of the World Health Assembly in Geneva, with Ministers of Health from priority and donor countries, each year until 2015.

d) **Mobilizing resources**
The Global Steering Group will support efforts to harmonize cost categories, analyze funding gaps and strengthen expenditure tracking both nationally and globally. In particular, i will bring identified resource gaps to the attention of governments as well as existing and potential private sector investors. **Defining accountability framework**
The Global Steering Group will develop an accountability framework that outlines responsibilities for tracking progress toward global goals and country targets and leadership commitments. It will also ensure strong linkages between elimination of new HIV infections in children, and other related fr**ameworks, including to follow up o**n recommendation by Women's and Children's Health Information

and Accountability Commission for monitoring progress in the implementation of the UN Secretary-General's *Global Strategy for Women's and Children's Health*, Millennium Development Goals, and other global and regional initiatives. The Commission on Information and Accountability has recommended that the scale up of both ARV prophylaxis and ART for pregnant women be monitored as core women and children health indicators. In doing its work, the Global Steering Group will to the fullest extent practicable utilize existing structures and rely on the wealth of technical expertise and global and in-country capacity of organizations involved in both the Steering Committee itself and the Global Task Team.

4. Setting targets *and milestones*

a) Country targets and milestones

October 2011

- Countries will have conducted a rapid assessment of where they stand on the road towards elimination of new HIV infections among children and keeping their mothers alive, including identifying key policy and programmatic barriers to scale up including demand side barriers, and needs for targeted technical assistance and capacity-building for accelerating progress.
- Elimination of new HIV infections among children and keeping their mothers alive baselines and targets will have been established.

January 2012

- Country leaders will make elimination of new child infections and reducing by half HIV-associated pregnancy-related deaths part and parcel of their national development frameworks and health plans.
- Countries will have developed, or revised, decentralized country-level action plans for elimination of new HIV infections among children and keeping their mothers alive that reaches every district. These plans should include clear goals and targets toward elimination, a tracking mechanism for measuring step-wise progress, and a thorough costing of essential programmatic interventions and a plan to track survival of mothers living HIV and their retention in care and on treatment for their own health and well-being.
- Countries will have conducted an expenditure analysis, harmonized expenditure categories as needed identified financing gaps in their action plans, and have developed and begun to implement a strategy for increasing financial assistance from domestic and international sources to support the plan.
- National guidelines on treatment of pregnant women living with HIV, prevention of mother-to-child transmission of HIV and infant feeding and HIV will have been reviewed and revised as appropriate. National guidelines will be updated throughout the life of the plan in accordance with any revisions to WHO global guidelines.

- In 22 high-burden countries, a policy review will have been conducted to decentralize and task-shift essential HIV activities to the primary care level and the community level.

May 2012

- Countries will have reported on the estimated number of new HIV infections among children averted and the number of their mothers kept alive in year one of the plan.
- Community charters will have been developed and enacted in 50% of provinces/districts.
- All countries will have established baselines regarding essential commodity needs for elimination of child infection and keeping mothers alive by 2015, including rapid HIV tests, CD4 counts, antiretroviral drugs, early infant diagnostics etc.
- Relevant support and management capacity of country teams and development partners in priority countries has been increased.

May 2013

- The estimated number of new HIV infections in children is reduced by 50% in at least 10 high-burden countries from 2010 levels.
- Relevant targets are met in at least half of the districts/provinces of the country.
- Every district reports regular supplies of drugs and commodities and no stock outs.

May 2014

- The estimated number of new HIV infections in children is reduced by two-thirds in at least 15 high-burden countries.
- Targets are met in at least two-thirds of the provinces/districts in the country.

End of 2015

- The estimated number of new HIV infections in children is reduced by at least 85% in each of the 22 high-burden countries.
- The estimated number of HIV-associated pregnancy-related deaths is reduced by 50%.

b) Global targets and milestones

June 2011

- A global steering committee will have been established to oversee global progress and hold key stakeholders accountable.

October 2011

- The global steering committee will have supported countries to conduct rapid assessment of where they stand vis-à-vis achieving elimination of new HIV infections among children and keeping their mothers alive.
- The global steering committee will have developed and activated a rapid response technical assistance mechanism to meet country-defined needs for support toward achieving elimination of new HIV infections among children by 2015 and keeping their mothers alive.

January 2012

- The IATT will have provided requested support to countries in reviewing and revising national guidelines on treatment of pregnant women living with HIV, prevention of mother-to-child transmission of HIV and infant feeding and HIV.
- The IATT will have provided requested support to countries in conducting policy reviews to decentralize and task-shift essential HIV activities to the primary care level and the community level.
- Development partners will have aligned their financial and technical assistance with revised national action plans for elimination of new HIV infections among children and keeping their mothers alive.

May 2012

- The global steering committee will have reported on the estimated number of new HIV infections among children averted and the number of their mothers kept alive in the first year of the plan.
- Metrics for measuring the survival of mothers with HIV will be established, agreed and tracked in the 22 high burden countries.
- The estimated number of new HIV infections in children is reduced by 25% from 2010 levels.
- The estimated number of HIV-associated pregnancy-related deaths is reduced by 10% from 2010 levels.
- All countries would have phased out single dose nevirapine prophylaxis and adopted more effective antiretroviral regimens for women and children.

May 2013

- The estimated number of new HIV infections in children is reduced by 50%.
- The estimated number of HIV-associated maternal-related deaths is reduced by 25%.
- New global guidelines for ARV prophylaxis and ART have been issued, recommending simpler and more effective drug regimens and approaches.

May 2014

- The estimated number of new HIV infections in children is reduced by two-thirds from 2010 levels.
- The estimated number of HIV-associated pregnancy-related deaths is reduced by one-thirds from 2010 levels.
- 15 of the 22 priority countries will have met the targets.

End of 2015

- All countries will have met the targets for elimination of new HIV infections among children and keeping them and their mothers alive.

Regional targets and milestones

January 2012

- Regional frameworks for eliminating new HIV infections among children and keeping them and their mothers alive will have been finalized or revised.
- Regional strategies for the provision of South-to-South technical assistance and capacity-building support towards eliminating new HIV infections among children and keeping their mothers alive will have been developed and rolled out.

May 2013

- At least three regions will declare that they have reached the regional initiative targets.

End of 2015

- All regions will declare that they have reached the regional initiative targets.

Global Goal: To accelerate progress towards the elimination of new child infection by 2015 and keeping their mothers alive

Two overall targets and one target for each of the four prongs of comprehensive packages of elements to elimination new HIV infections among children and keeping their mothers alive will be tracked to assess progress towards the global goal of elimination of new HIV infections among children and reducing HIV and pregnancy-related deaths by half.

Global Target 1: Reduce the number of new childhood HIV infections by 90%

The target of reducing new childhood HIV infections by 90% reflects the contributions of the four-pronged strategy for preventing mother-to-child transmission of HIV and signifies the importance of a comprehensive approach. While it is recognized that the 90% target by 2015 is an aspiration, significant progress towards this target can and must be made. This metric captures progress by including at least three of the four prongs outlined in page 9. It not only includes effects of the reduction of transmission of HIV from mother to her child—prong 3, but also captures the effects of the reduction of HIV incidence in women of reproductive age—prong 1 as well as the effects of increased use of family planning services for women

Comment [A1]: Check in laid out version

living with HIV—prong 2, which will ultimately reduce the number of HIV infections in children.

Global Target 2: Reduce the number of HIV-related maternal deaths by 50%

Keeping mothers alive is imperative in its own right. Furthermore, the impact of keeping children alive and HIV-free will be lost if their mothers are not also kept alive. The target of a 50% reduction in HIV-related maternal deaths is in line with the goals set out in the Countdown to 2015 for maternal, newborn and child survival effort and the UNAIDS Strategy 2011-2015. The indicator captures a broader package of HIV and maternal, newborn and child health services—a critical step to reach the goal of this plan. The indicator is the number of HIV-related deaths among women who were either pregnant or gave birth in the preceding six weeks.

SEPARATE BOX:

Monitoring Framework for 2015: Overall Targets, Prong Targets, and Indicators[4]

Overall Targets

1. Reduce the number of new HIV infections among children by 90%
2. Reduce the number of AIDS-related maternal deaths by 50%

Prong 1 Target	Prong 2 Target	Prong 3 Target	Prong 4 Target
Reduce HIV incidence in women 15-49 (and15-24) by 50%	Reduce unmet need for family planning among women living with HIV to 0 (MDG goal)	Reduce mother-to-child transmission of HIV to 5% - 90% of mothers receive perinatal ART or prophylaxis - 90% of breastfeeding infant-mother pairs receive ART or prophylaxis	Provide 90% of pregnant women in need of ART for their own health with life-long ART

Reduce AIDS-related infant deaths by 50%

[4] Additional indicators have been developed for the 22 high burden countries. See the Global Monitoring Framework and Strategy for the Elimination of new child infections by 2015, UNICEF, WHO. FOOTNOTE GOES INTO BOX

BOX ENDS

*CALL TO ACTION: TOWARDS ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN AND KEEPING THEIR MOTHERS ALIVE

We believe that by 2015, children everywhere can be born free of HIV and their mothers remain alive.

Towards the 2015 targets:

Governments will:

- Provide informed and transformative leadership to make the elimination of new HIV infections among children and keeping their mothers alive a high priority at national, regional and local level. They will maximize strategic opportunities for collective action.
- Ensure that countries have a current, country-driven comprehensive and costed plan covering implementation at national, district and sub-district levels, including: identifying and addressing policy, programmatic, and managerial barriers to progress.
- Increase both domestic and external investments for programmes on the basis of a robust gap analysis.
- Remove financial obstacles such as user fees that hinder women from seeking services; protect health budgets impacting elimination of new HIV infections among children and keeping their mothers alive from reductions and cut-backs.
- Address HIV- and gender-related stigma and discrimination and other related barriers to effective uptake of essential services as well as client retention.
- Global leaders will promote and support synergies and strategic integration between programmes for preventing HIV transmission among children and maternal, newborn, child and reproductive health to save lives.
- Ensure that investments are made in scaling up services as well as that create demand for services, and remove barriers to access and sustained use.
- Ensure that a fit-for-purpose approach is implemented at all levels including the necessary financial and human resources.
- Ensure that all four prongs of prevention of mother-to-child transmission of HIV programmes are implemented and develop a performance-based accountability framework.
- Strengthen strategic alliances to improve sustainability of the response to HIV, for example through the manufacturing of AIDS-related supplies and equipment where appropriate.

Civil society, including networks of mothers living with HIV will:

- Sensitize leaders at all levels to support evidence-informed decision-making.
- Hold governments and others accountable through constructive advocacy and partnerships.
- Provide leadership and innovation in programme delivery, for example through task shifting and task sharing.
- Strengthen the engagement of women living with HIV, men and couples in HIV prevention and treatment programmes for mothers and children and ensure that programmatic approaches do not unduly burden women or inadvertently exclude children.
- Fully participate in the design and implementation of programmes and monitoring and accountability structures to deliver HIV prevention and treatment services—and provided with funding commensurate with their service delivery.
- Establish community accountability structures for feedback, communication and problem-solving between women's groups, local communities, community-based and faith-based service providers and state-provided health systems personnel.
- Unify global, regional and national civil society and activist groups in their advocacy to demand concrete action by governments, donors and international agencies to support women and communities.

Donor countries and global philanthropic institutions will:

- Support funding, provide technical support and build capacity particularly in the areas of financial management and programme implementation.
- Incorporate the strengthening of health systems into donor support, including innovative approaches to the strengthening of human resources for health.
- Strengthen donor coordination to maximize synergies and reduce the reporting burden of countries in accordance with the Three Ones principles.
- Intensify support based on country need and burden.
- Build in transparency mechanisms and provide equity-based financing.
- Provide streamlined funding driven by country requests avoiding parallel structures that complicate or undermine country priorities.
- Provide funding to support preventing of mother-to-child transmission of HIV through the strengthening of maternal, newborn, child and reproductive health services.

The United Nations and other multilateral organizations will:

- Ensure global coherence of efforts in the goal towards the elimination of new infections in children and keeping their mothers alive.
- Provide clear and simple science-based guidance for HIV prevention and treatment for mothers and children to enable rapid adoption and utilization.
- Develop rapid response mechanisms to respond to countries needs, including South-to-South technical support.
- Develop a strong accountability framework for adaptation at country, global and regional levels to support countries in preparing their clear goals and targets.
- Develop robust monitoring and evaluation mechanisms towards the achievement of these goals and targets ensuring the data are used at local level.
- Articulate the response for countries with low and concentrated epidemics and outline actions and linkages towards the global goal of eliminating new infections in children and keeping their mothers alive.
- Provide guidance on effective integration of prevention of mother-to-child transmission of HIV programmes and maternal, newborn, child and reproductive health services for countries to draw on, including measurement and evaluation parameters.

The business community will:

- Advocate for the elimination of new HIV infections among children and keeping their mothers alive within the business community.
- Support scaled up and accelerated programmatic responses, including more efficient service delivery models.
- Strengthen innovations and simplification in service delivery instruments such as HIV diagnostics and drug regimens.
- Provide lessons from the private sector that can be used in the health care service delivery systems, such as logistics and resource and supply chain management; directly support implementation in a country and provide technical support in these areas.
- Ensure comprehensive prevention of mother-to-child transmission of HIV services to employees and communities for employees based in high-burden countries; provide responsive leadership involving men and women.

Health care workers and their professional associations will:

- Contribute to programme and project planning as valued partners on the frontlines in the effort towards the elimination of new infections among children and to keep their mothers alive.
- Provide highest quality HIV prevention and treatment services to pregnant women living with HIV and their families and work towards a one-stop service for women in order to maximize access and efficiencies.
- Eliminate stigma and discrimination in health care settings towards persons living with HIV.
- Support partnerships with mentor mothers, women living with HIV and their communities and adopt innovations such as task shifting and task sharing; recognize mothers living with HIV and communities members as important advocates and essential contributors to service delivery systems.
- Expand and professionalize the community health worker workforce.
- Ensure that health care providers living with HIV can also receive prevention of mother-to-child transmission of HIV services without fear of stigma.

Academic and research institutions will:

- Simplify treatment regimens and service delivery systems to enable accelerated scaling up of programmes.
- Accelerate innovations for improved service delivery especially early infant diagnosis and paediatric-related elements of HIV care and treatment.
- Support operations research to better understand how to optimally deliver and maximize the impact of integrated prevention of mother-to-child transmission of HIV services and maternal, newborn, child and reproductive health services.
- Conduct operations research on new models of care especially in the context of management of HIV as a chronic disease.

DOCUMENT WITH EDITING (39 PAGES)

Formatted: Font: Arial, Bold

GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE | 2011–2015

Deleted: -

COUNTDOWN TO ZERO

Formatted: Font: Arial

Formatted: Font: Arial

Contents

Deleted: Proposed Table of c

Formatted: Shadow

Deleted: Preamble

Formatted: Font: Arial

Deleted: Foreword¶

Formatted: Font: Arial

Formatted: Font: Arial

Formatted: Font: Arial

Formatted: Font: Arial

Formatted: Font: Arial, 11 pt, Not Bold, Font color: Black, Not Expanded by / Condensed by

Deleted: Global Task Team members¶
Acknowledgments¶
References¶
Abbreviations ¶
¶

Formatted: Font: Arial, Font color: Black

Formatted: Font color: Black, Shadow

Formatted: Font color: Black

Formatted: Font: Arial, Font color: Black

Formatted: Font color: Black

✱ Introduction

We believe that by 2015, children everywhere can be born free of HIV and their mothers can be kept alive.

We resolve to work towards eliminating new HIV infections among children and keeping their mothers alive by the following.

- All women, especially pregnant women, will have access to quality life-saving HIV prevention and treatment services—for themselves and their children.
- The rights of families and communities, especially women living with HIV, will be respected and empowered to fully engage in ensuring their own health and the health of their children.
- Adequate resources—human and financial—will be available from both national and international sources in a timely and predictable manner, although success is a shared responsibility.
- HIV, maternal health, newborn and child health and family planning programmes will work together, deliver quality results and lead to improved health outcomes.
- Communities, especially women living with HIV, will be enabled and empowered to support women and their families to access the HIV prevention, treatment, care and support they need.
- National and global leaders will act in concert to support country-driven efforts and will be held accountable for delivering results.

About the Global Plan

This Global Plan provides the foundation for country-led movement towards eliminating new HIV infections among children and keeping their mothers alive. A high-level Global Task Team convened by UNAIDS and co-chaired by UNAIDS Executive Director Michel Sidibé and United States Global AIDS Coordinator Ambassador Eric Goosby developed the Global Plan through a consultative process. It brought together 25 countries and 30 civil society organizations, private companies, networks of people living with HIV and international organizations to chart a roadmap to achieving this goal by 2015.

This plan covers all low- and middle-income countries but focuses on the 22 countries[1] with the highest estimated numbers of pregnant women living with HIV. Exceptional global and national efforts are needed in these countries that are home to nearly 90% of the pregnant women living with HIV who need services. Intensified efforts are also needed to support countries with low HIV prevalence and concentrated epidemics to reach out to all women and children at risk of HIV with the services that they need. The Global Plan supports and reinforces the development of costed country-driven national plans.

[1] Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Deleted: PREAMBLE
Formatted ... [1]
Formatted ... [2]
Deleted: remain
Formatted ... [3]
Deleted: the
Deleted: on of
Formatted ... [4]
Formatted ... [5]
Deleted: :
Formatted ... [6]
Deleted: ,
Formatted ... [7]
Deleted: are
Formatted ... [8]
Deleted: they are
Deleted: are
Formatted ... [9]
Deleted: while acknowledging that
Formatted ... [10]
Deleted: ,
Formatted ... [11]
Deleted: in
Deleted: in particular
Formatted ... [12]
Deleted: are
Formatted ... [13]
Deleted: and
Formatted ... [14]
Deleted: that
Formatted ... [15]
Deleted: e
Formatted ... [16]
Deleted: …are ... [17]
Formatted ... [18]
Deleted:
Deleted: the
Formatted ... [19]
Deleted: on of…them and … ... [20]
Formatted ... [21]
Deleted: a
Formatted ... [22]
Deleted:
Formatted ... [23]
Deleted: sector
Formatted ... [24]
Deleted: s
Deleted: ,
Formatted ... [25]
Deleted: HIV positive
Formatted ... [26]
Deleted: in
Formatted ... [27]
Deleted: of
Formatted ... [28]
Formatted ... [29]
Formatted ... [30]

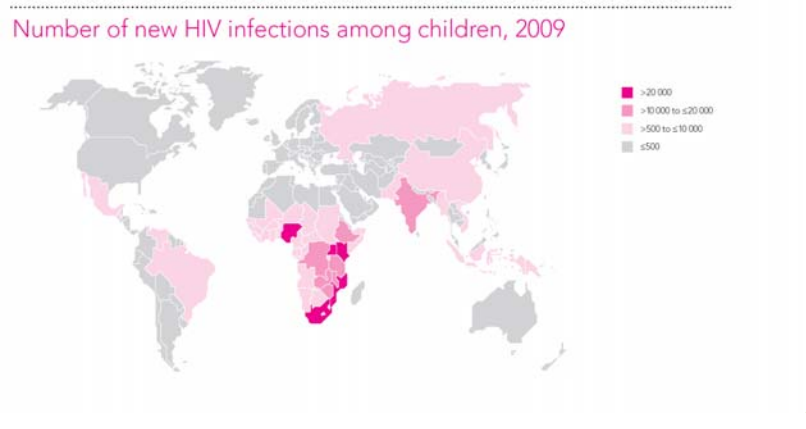
✱ Frame it: why?

> "No child should be born with HIV; no child should be an orphan because of HIV; no child should die due to lack of access to treatment."
>
> - Ebube Sylvia Taylor, an 11-year-old Nigerian, born free of HIV, speaking to world leaders who gathered in New York in 2010 to share progress made towards achieving the Millennium Development Goals by 2015

The world has an unprecedented opportunity to make new HIV infections among children history. In 2009, 370 000 children became newly infected with HIV globally and an estimated 42 000–60 000 pregnant women died because of HIV. In contrast, in high-income countries virtually zero children are newly infected with HIV and there are virtually zero maternal and child deaths associated with HIV. In low- and middle-income countries, too few women are receiving HIV prevention and treatment services to protect themselves or their children. This inequity must change. The life of a child and a mother has the same value regardless of where she or he is born and lives.

New HIV infections among children can be stopped and their mothers can be kept alive if pregnant women living with HIV and their children have timely access to high-quality life-saving antiretroviral drugs—for their own health, as indicated, or as prophylaxis to stop HIV transmission during pregnancy, delivery and breastfeeding. When antiretroviral drugs are available as prophylaxis, HIV transmission can be reduced to less than 5%. Preventing HIV infection among women at increased risk of HIV infection and meeting the unmet family planning needs of women living with HIV can significantly contribute to reducing the need for antiretroviral prophylaxis and therapy.

There is a global consensus that the world must strive towards eliminating new HIV infections among children by 2015 and keeping mothers and children living with HIV alive. Many low-and middle-income countries have already moved significantly towards achieving these goals.



Formatted: Font: Arial
Deleted: f
Formatted: Font: Not Italic
Formatted: Border: Box: (Single solid line, Auto, 0.5 pt Line width)
Deleted: eleven
Formatted ... [31]
Deleted:
Formatted: Font: Not Italic
Deleted: .
Formatted: Font: Arial
Deleted: —
Formatted: Font: Arial
Deleted: the number of
Formatted ... [32]
Deleted: infections among children
Formatted: Font: Arial
Deleted: the number of …du ... [33]
Formatted: Font: Arial
Deleted: … wereas virtually ... [34]
Formatted: Font: Arial
Deleted: value of the …is ... [35]
Formatted ... [36]
Deleted: ,…irrespective ... [37]
Formatted: Font: Arial
Deleted: ¶
Formatted: Font: Arial
Deleted: It is possible to stop
Formatted: Font: Arial
Deleted: n
Formatted ... [38]
Deleted: a
Formatted ... [39]
Deleted: of…treatment ... [40]
Formatted: Font: Arial
Deleted: ¶
Formatted: Font: Arial
Formatted ... [41]
Deleted: on of
Formatted: Font: Arial
Deleted:
Formatted: Font: Arial
Deleted:
Formatted: Font: Arial
Formatted: Font: Arial

Source: ????

The goal

The goal of the Global Plan is to move towards eliminating new HIV infections among children and keeping their mothers alive. This plan focuses on reaching pregnant women living with HIV and their children—from the time pregnancy starts until the mother stops breastfeeding. Before pregnancy starts and after breastfeeding ends, the HIV prevention and treatment needs of mothers and children will be met within the existing continuum of comprehensive programmes to provide HIV prevention, treatment, care and support for everyone who needs it.

Global target 1: Reduce the number of children newly infected with HIV by 90%

Global target 2: Reduce the number of HIV-related maternal deaths by 50%

(The targets, definitions and measurement are explained in detail on page xx.)

Building on past success and moving towards the future

During the past decade, countries have made impressive progress in rolling out programmes to stop children from becoming newly infected with HIV. The prevalence of HIV infection has declined in many countries since 2005, and country-led action has rapidly increased the number of pregnant women living with HIV receiving prevention services, including antiretroviral drugs to prevent HIV transmission to their children. Some progress has also been made in providing family planning services to women living with HIV.

Many low- and middle-income countries had achieved at least 80% coverage of services to prevent HIV transmission to children by December 2009, with global coverage reaching 53%. The countries reaching 80% include countries with a high prevalence of HIV infection such as Botswana, Namibia, South Africa and Swaziland and several countries with concentrated HIV epidemics including Argentina, Brazil, the Russian Federation, Thailand and Ukraine. However, many women continue to receive suboptimal drugs such as single-dose nevirapine as the main HIV prophylaxis. This must be phased out as a matter of priority, in accordance with recent WHO guidelines.

Almost all countries include programmes for preventing children from acquiring HIV infection in their national AIDS plans. Many have also set ambitious targets. The road towards eliminating new HIV infections among children and keeping their mothers alive will build on this progress. It will also leverage broader efforts to improve maternal and child health, the technical expertise of other countries, the aid effectiveness agenda, the renewed engagement of regional bodies for South–South cooperation and developments in research and policy for focused and simplified treatment regimens and interventions to accelerate action.

Formatted ... [42]
Deleted: G
Formatted ... [43]
Deleted: HIV positive
Formatted ... [44]
Deleted: of
Formatted ... [45]
Deleted: Prior to
Formatted ... [46]
Deleted: ,
Formatted ... [47]
Deleted: all
Formatted ... [48]
Deleted: ¶
Formatted ... [49]
Formatted ... [50]
Deleted: #
Formatted ... [51]
Deleted: infections among children
Formatted ... [52]
Deleted: ¶
Formatted ... [53]
Formatted ... [54]
Deleted: T…#…AIDS ... [55]
Formatted ... [56]
Deleted: detailed explanation on
Formatted ... [57]
Deleted: t
Formatted ... [58]
Deleted: outlined
Deleted: i
Formatted ... [59]
Formatted ... [60]
Formatted ... [61]
Deleted: ,
Formatted ... [62]
Deleted: Over
Formatted ... [63]
Deleted: has been made by ... [64]
Formatted ... [65]
Deleted: infections among ... [66]
Formatted ... [67]
Deleted: HIV
Formatted ... [68]
Formatted ... [69]
Deleted: se…high HIV burde ... [70]
Formatted ... [71]
Deleted: ;…as well as ... [72]
Formatted ... [73]
Deleted: a large number of
Formatted ... [74]
Deleted: -
Formatted ... [75]
Deleted: …line ... [76]
Formatted ... [77]
Formatted ... [78]
Formatted ... [79]
Formatted ... [80]
... [81]
Formatted ... [82]
Formatted ... [83]
Formatted ... [84]

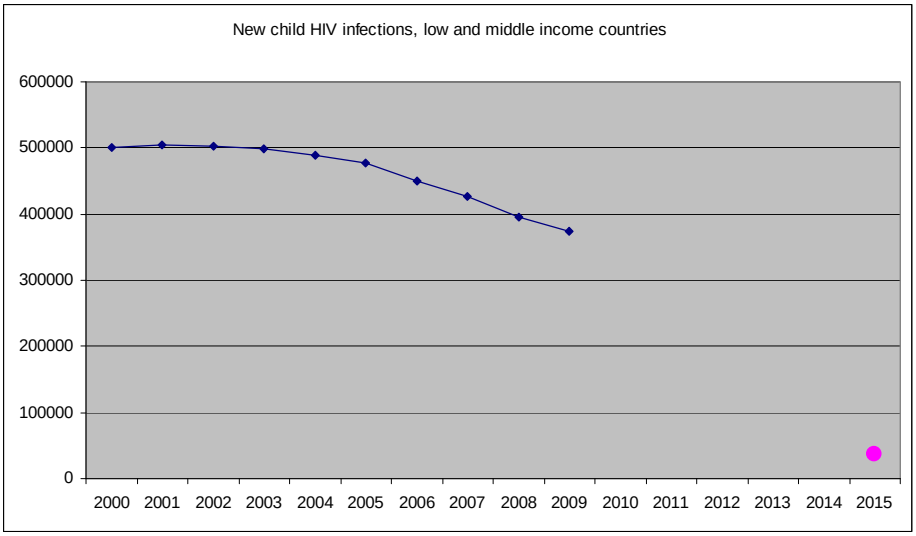
Changes:

Title: Number of children newly infected with HIV in low- and middle-income countries, 2000–2015

Vertical axis: Number of children newly infected

600 000 etc.

Horizontal axis: Year



Four key principles for success

Current programme approaches must be transformed to stop children from becoming newly infected with HIV and to keep their mothers alive. Such change must be guided by four key principles.

1. Place women living with HIV at the centre of the response

National plans for eliminating new HIV infections among children and keeping their mothers alive must be firmly grounded in the best interests of the mother and child. Mothers and children must have access to optimal HIV prevention and treatment regimens based on the latest guidelines. Women living with HIV must also have access to family planning services and commodities. The process of developing and implementing programmes must include the meaningful participation of women, especially mothers living with HIV, to tackle the barriers to services and to work as partners in providing care. In addition, efforts must be taken to secure the involvement and support of men in all aspects of these programmes and to address the HIV- and gender-related discrimination that impedes the access and uptake of services and the retention of clients.

2. Ensure country ownership

Formatted: Font: Arial, Highlight

Deleted:

Formatted: Font: Arial

Formatted: Font: Arial, Highlight

Deleted:

Formatted: Font: Arial

Deleted: T

Formatted: Font: Arial

Formatted: Font: Arial

Deleted: HIV

Deleted: a set of

Deleted: overarching

Formatted: Font: Arial

Deleted: ions

Deleted: among children

Formatted: Font: Arial

Deleted: , current programme approaches must be transformed

Formatted: Font: Arial

Formatted: Font: Arial

Deleted: ut

Deleted: W

Formatted: Font: Arial

Deleted:

Formatted: Font: Arial

Formatted: Font: Arial

Deleted: ,

Formatted: Font: Arial

Formatted: Font: Arial

Formatted: Font: Arial

Deleted: access and uptake as well as

Deleted: client

Formatted: Font: Arial

Formatted: Font: Arial

Formatted: Font: Arial

Formatted: Font: Arial

Deleted: C

Formatted: Font: Arial

Each country provides leadership and takes responsibility for developing national plans towards eliminating new HIV infections among children and keeping their mothers alive. Since countries are at different stages of implementing programmes, context-specific operational plans are required. Each country, led by its health ministry, will take the lead in all processes of setting priorities, carrying out strategic planning, monitoring performance and tracking progress in close collaboration with other crucial stakeholders, including networks of women living with HIV, civil society, the private sector and bilateral and international organizations.

Making country ownership a reality requires that all policies and programmes align with the "Three Ones" principles for coordinated country action, which call for all partners to support: one national action framework, one national coordinating mechanism and one monitoring and evaluation system at the country level. This approach will ensure the most effective and efficient use of resources to support progress and will identify and fulfil any needs for technical support and capacity-building.

3. Leverage synergy, links and integration for improving sustainability

National plans must leverage opportunities to strengthen synergy with existing programmes for HIV, maternal health, newborn and child health, family planning, orphans and vulnerable children and treatment literacy. This integration must fit the national and community context.

HIV prevention and treatment for mothers and children are more than a single intervention at one time in the perinatal period. Instead, they should be seen as an opportunity for a longer continuum of care engagement with other essential health services, without losing the focus on HIV prevention, treatment, care and support for mothers and children. This includes addressing loss to follow-up through strong and effective mechanisms for referral and entry into treatment and care for infants diagnosed with HIV and for their mothers, who require treatment after pregnancy and breastfeeding, and greater community engagement in delivering HIV and other health services and monitoring programmes.

Through powerful synergy, the Global Plan will contribute significantly to achieving the health-related and gender-related Millennium Development Goals and the United Nations Secretary-General's Global Strategy for Women's and Children's Health. Such synergy is all the more important in countries in which HIV currently accounts for many deaths among women and/or children and in which the AIDS epidemic is impeding progress in reducing child mortality (Millennium Development Goal 4) and improving maternal health (Millennium Development Goal 5).

4. Share responsibility and specific accountability

Sharing responsibility—between families, communities and countries—for stopping children from becoming infected with HIV and keeping their mothers healthy is vital. Access to HIV prevention, treatment, care and support services is critical for mothers and their children. Health services must be responsive to the needs of pregnant and postnatal women living with HIV and to the ongoing needs of these mothers and their partners and families. Communities must support pregnant women and their partners in accessing HIV testing and counselling services without stigma and discrimination, and national and subnational

Formatted ... [87]
Deleted: L
Formatted ... [88]
Deleted: lie with each count ... [89]
Deleted: ation…ministry of ... [90]
Formatted ... [91]
Deleted: programme
Formatted ... [92]
Formatted ... [93]
Deleted: priority
Formatted ... [94]
Deleted: performance
Formatted ... [95]
Deleted: ,…progress ... [96]
Deleted: ,
Formatted ... [97]
Deleted: iti
Formatted ... [98]
Formatted ... [99]
Deleted: ,… ¶ ... [100]
Formatted ... [101]
Deleted: To m
Formatted ... [102]
Deleted: e
Formatted ... [103]
Deleted: ,…must ... [104]
Formatted ... [105]
Deleted: ,
Formatted ... [106]
Deleted: ,…as well as the ... [107]
Deleted: ication…ling of…te ... [108]
Formatted ... [109]
Formatted ... [110]
Deleted: ¶
Formatted ... [111]
Formatted ... [112]
Deleted: ing
Formatted ... [113]
Deleted: ies…age ... [114]
Formatted ... [115]
Deleted: ed
Formatted ... [116]
Deleted: ies…,… ¶ ... [117]
Formatted ... [118]
Deleted: is
Formatted ... [119]
Deleted: point in
Formatted ... [120]
Deleted: it
Formatted ... [121]
Deleted: as well as
Formatted ... [122]
Deleted: delivery …program ... [123]
Formatted ... [124]
Formatted ... [125]
... [126]
Formatted ... [127]
Formatted ... [128]
Formatted ... [129]
... [130]
Formatted ... [131]
Formatted ... [132]
... [133]

authorities must exert their concerted leadership to enable this to happen. Low- and middle-income countries and development partners must make adequate human and financial resources available and adopt evidence-informed policies. Regional bodies should be called on to support improved efficiency and support countries with the frameworks needed for cooperation and accountability. The roles and responsibilities of all partners must be specific and transparent and have clear indicators to measure progress and accountability.

Recognizing the challenges

Significant challenges remain in preventing children from becoming newly infected with HIV and scaling up the demand for and provision of treatment for pregnant women. There are also opportunities to overcome these challenges. In 2009, an estimated 15.7 million women 15 years and older were living with HIV globally, and 1.4 million of them became pregnant. Nearly 90% of these expectant mothers live in the 22 priority countries in sub-Saharan Africa and India.

These challenges include the following.

1. **Need for extraordinary leadership.** Greater leadership from all partners on policy, research and implementation is critical to implementing the national plans at all levels—community, subnational, national, regional and global. More sustained and greater evidence-informed and high-level advocacy is required to generate leadership and political commitment within countries to scale up the needed services and to reduce the obstacles to uptake of services and retention of clients, such as stigma and discrimination.

2. **Need for up-to-date national plans.** Countries and regions should ensure that national plans align with agreed country-specific goals for eliminating new HIV infections among children and keeping their mothers alive, within a broader context of their wider strategies on HIV and on maternal, newborn and child health.

3. **Need for sufficient financial investment.** The current investment in programmes to prevent children from acquiring HIV infection and keeping their mothers alive is insufficient to meet the need in most low- and middle-income countries.

4. **Need for a comprehensive and coordinated approach to HIV prevention and treatment for mothers and their children.** Some country programmes do not fully implement WHO guidelines for HIV prevention, treatment, care and support for pregnant women living with HIV and their children. A comprehensive, integrated approach to HIV prevention and treatment that involves men, women and their children is essential to improve women's and children's health and to save lives.

5. **Need for greater programmatic synergy and strategic integration.** Links should be strengthened between programmes to stop HIV transmission among children and programmes for maternal health, newborn and child health and family planning.

6. **Need for greater human resources for health.** Gaps in human resources for health, including doctors, nurses, midwives and community health care workers, are

Deleted: Developing
Formatted ... [135]
Deleted: cies…necessary ... [136]
Formatted ... [137]
Deleted: -
Formatted ... [138]
Deleted: ,
Formatted ... [139]
Deleted: to
Formatted ... [140]
Deleted: HIV
Formatted ... [141]
Deleted: ions among children
Formatted ... [142]
Deleted: ,…but t ... [143]
Formatted ... [144]
Deleted: for these …be ... [145]
Formatted ... [146]
Deleted: above the age of
Formatted ... [147]
Deleted: of whom
Formatted ... [148]
Deleted: were from
Formatted ... [149]
Deleted: ¶
Formatted ... [150]
Formatted ... [151]
Deleted: : ¶
Formatted ... [152]
Formatted ... [153]
Deleted: :
Formatted ... [154]
Deleted: from all partners … [155]
Formatted ... [156]
Deleted: ation of… ... [157]
Formatted ... [158]
Deleted: ¶
Formatted ... [159]
Formatted: Bullets and Nur ... [160]
Formatted ... [161]
Deleted: :
Formatted ... [162]
Deleted: on of…them and … [163]
Formatted ... [164]
Deleted: strategies… ¶ ... [165]
Formatted ... [166]
Formatted: Bullets and Nur ... [167]
Deleted: :
Formatted ... [168]
Deleted: in most low- and m ... [169]
Formatted ... [170]
Deleted: levels of …s ... [171]
Formatted ... [172]
Deleted: new …s…among … [173]
Formatted ... [174]
Formatted ... [175]
Formatted: Bullets and Nur ... [176]
Formatted ... [177]
... [178]
Formatted ... [179]
... [180]
Formatted ... [181]
Formatted: Bullets and Nur ... [182]

a major bottleneck in rapidly expanding HIV prevention, treatment, care and support services for mothers and children.

7. **Need for addressing structural impediments to scaling up.** Numerous social, cultural, and economic factors impede the demand for, access to and use of antenatal and postnatal care and HIV services. These include the low uptake of antenatal and childbirth services because of user fees, perceived limited value, long waiting times, transport costs and lack of partner support. In particular, HIV-related stigma and discrimination remain significant obstacles to increasing the demand for and uptake of essential services and to retaining clients. Leadership at all levels is required to address these critical issues.

8. **Need for strengthening access to essential supplies.** Programmes to eliminate new HIV infections among children and keep their mothers healthy and alive strongly depend on the availability of key commodities, such as antiretroviral drugs and technologies used in rapid HIV tests, CD4 counts and viral load tests, including for early infant diagnosis. In many countries, access to these commodities is limited, and systems for supply chain management are overstretched and unable to meet the demand.

9. **Need for simplification.** Current programme approaches are insufficient to reach the goal of eliminating new HIV infections among children and keeping their mothers alive. HIV prevention and treatment services and their delivery systems have to be simplified, with care provided in primary health care. This includes rapid HIV testing, point-of care diagnosis (CD4 counts) of pregnant women living with HIV and simple one-pill daily drug regimens that do not have to be switched between pregnancy and breastfeeding periods.

Even though the coverage of programmes to stop children from acquiring HIV infection has more than doubled in recent years, progress is insufficient and does not meet the prevention and treatment needs of women and children. This is shown by the number of women and children who either do not receive services or who are lost to the system before completion. Many countries with high coverage are using suboptimal drug regimens, and this has resulted in decreased prophylactic impact and adverse effects for women. Countries are now in an important transition towards implementing new guidelines based on the revised WHO guidelines published in 2010. Future coverage and interventions must emphasize and reflect the use of more effective regimens, including treatment for eligible pregnant women and children and increased access to family planning.

[Insert chart of countries using single-dose versus other combinations]

Treatment 2.0 and eliminating new HIV infections among children

Existing programmes should be closely linked with HIV treatment and care programmes and the Treatment 2.0 agenda, which promotes point-of-care HIV diagnosis, optimized HIV treatment and care programmes and systems for delivering

Formatted ... [185]
Deleted: ¶
Formatted ... [186]
Formatted ... [187]
Deleted: to
Formatted ... [188]
Deleted: le...: ... [189]
Formatted ... [190]
Deleted: A range of
Formatted ... [191]
Deleted: and…due to ... [192]
Formatted ... [193]
Deleted: ation…s…a ... [194]
Formatted ... [195]
Deleted: as well as
Formatted ... [196]
Deleted: client
Deleted: ention
Formatted ... [197]
Formatted: Bullets and Nu ... [198]
Formatted ... [199]
Deleted: to
Formatted ... [200]
Deleted: :
Formatted ... [201]
Deleted: them and …are he ... [202]
Formatted ... [203]
Deleted: ent
Formatted ... [204]
Deleted: ,…t…c ... [205]
Formatted ... [206]
Deleted: systems
Formatted ... [207]
Deleted: ¶
Formatted ... [208]
Deleted: :
Formatted ... [209]
Deleted: towards
Formatted ... [210]
Deleted: sion
Formatted ... [211]
Deleted: at
Formatted ... [212]
Deleted: level…t…c…HIV- ... [213]
Formatted ... [214]
Deleted: ,… ... [215]
Formatted ... [216]
Deleted: ies
Formatted ... [217]
Deleted: s…among children ... [218]
Formatted ... [219]
Deleted: ve…the last few ... [220]
Formatted ... [221]
Deleted: ,…as evidenced ... [222]
Formatted ... [223]
... [224]
Formatted ... [225]
... [226]
Formatted ... [227]
Formatted ... [228]
... [229]
Formatted ... [230]
Formatted ... [231]
Formatted ... [232]

services. Strategically integrating these programmes, informed by local conditions, will help to reduce costs, avoid duplication, increase programme efficiency and improve women's access to and uptake of needed services and their quality.

The programme framework

The implementation framework for eliminating new HIV infections among children and keeping their mothers alive will be based on a broader four-pronged strategy. This strategy provides the foundation from which national plans will be developed and implemented and encompasses a range of HIV prevention and treatment measures for mothers and their children, essential maternal, newborn and child health services and family planning and as an integral part of countries' efforts to achieve Millennium Development Goals 4 and 5 as well as 6.

Prong 1: Preventing women of reproductive age from acquiring HIV infection within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures.

Prong 2: Providing appropriate counselling, support and contraceptives to women living with HIV to meet their unmet needs for family planning and spacing of births and to optimize health outcomes for these women and their children.

Prong 3: For pregnant women living with HIV, ensuring HIV testing and counselling and access to the antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.

Prong 4: Providing HIV treatment, care and support for women and children living with HIV and their families.

Deleted: The s
Formatted ... [233]
Deleted: ion…of ... [234]
Formatted: Font: Arial
Deleted: ies…,…as well as ... [235]
Formatted: Font: Arial
Deleted: the
Formatted: Font: Arial
Deleted: on of… , ... [236]
Formatted: Font: Arial
Deleted: together with … ... [237]
Formatted: Font: Arial
Deleted: as well as
Formatted: Font: Arial
Deleted: ,
Formatted ... [238]
Formatted: Font: Arial
Deleted: P
Formatted: Font: Arial
Deleted: on of…HIV among ... [239]
Formatted ... [240]
Deleted: /… ¶ ... [241]
Formatted: Font: Arial
Deleted:
Formatted ... [242]
Deleted: and…,…,…, ... [243]
Formatted: Font: Arial
Formatted: Font: Arial
Deleted: e
Formatted: Font: Arial
Deleted:
Formatted ... [244]
Deleted: ¶
Formatted: Font: Arial
Formatted: Font: Arial
Deleted: care,
Formatted ... [245]
Deleted: ,
Formatted: Font: Arial

Millennium Development Goals and the Global Plan

Eliminating new HIV infections among children and keeping their mothers alive contributes directly towards achieving four of the Millennium Development Goals, in which HIV currently holds back progress. Similarly, progress on achieving other Millennium Development Goals contributes to HIV prevention and treatment for women and children.

Millennium Development Goal 3: Promote gender equality and empower women—by supporting women's empowerment through access to information on HIV prevention, HIV prevention and treatment services, and sexual and reproductive health services and by involving mothers living with HIV as key partners in delivering the plan and engaging their male partners. Empowering women improves their ability to negotiate safer sex and reduces women's vulnerability to HIV infection by eliminating gender-based violence.

Millennium Development Goal 4: Reduce child mortality—by reducing the number of infants infected with HIV; by providing treatment, care and support for uninfected children born to mothers living with HIV and ensuring effective links to life-saving treatment for children living with HIV; and, indirectly, by improving maternal health and ensuring safer infant feeding practices. The survival rates of children born to women living with HIV are increased by improving neonatal conditions and family care practices.

Millennium Development Goal 5: Improve maternal health—by preventing HIV infection among women and providing family planning for women of childbearing age living with HIV; and by ensuring effective treatment, care and support for mothers living with HIV. Strong health systems can help ensure that every birth is safe and that pregnant women are able to detect HIV early and enrol in treatment.

Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases—by preventing the spread of HIV through preventing women of childbearing age from acquiring HIV infection; preventing HIV transmission to children, treating mothers and ensuring strong and effective links to ongoing treatment, care and support for children and mothers living with HIV. Deaths among pregnant women living with HIV are reduced by providing tuberculosis (TB) treatment. Mortality among women and children living with HIV is reduced by preventing TB and malaria.

Formatted ... [246]
Deleted:
Formatted ... [247]
Formatted ... [248]
Deleted: The e
Formatted ... [249]
Deleted: on of… (MDGs). ... [250]
Formatted ... [251]
Formatted ... [252]
Deleted: HIV prevention
Formatted ... [253]
Deleted: ,
Formatted ... [254]
Deleted: By e
Deleted: ,…they are bette ... [255]
Formatted ... [256]
Deleted: by eliminating ge ... [257]
Formatted ... [258]
Formatted ... [259]
Deleted: is reduced
Formatted ... [260]
Deleted: age…HIV+ ... [261]
Formatted ... [262]
Deleted: B… survival rates ... [263]
Formatted ... [264]
Formatted ... [265]
Deleted: through
Formatted ... [266]
Deleted: of
Formatted ... [267]
Deleted: ision of…HIV-pos ... [268]
Formatted ... [269]
Deleted: care,
Formatted ... [270]
Deleted:
Formatted ... [271]
Formatted ... [272]
Deleted: in among wom ... [273]
Formatted ... [274]
Deleted: and…,…age…c ... [275]
Formatted ... [276]
Deleted: B
Formatted ... [277]
Deleted: deaths among p ... [278]
Formatted ... [279]
Deleted: MDGs and the Gl ... [280]
Formatted ... [281]

* Advocate for it: leadership for results

Leadership priorities

Taking leadership—creating responsive structures

Although technical leadership for support programmes for eliminating new HIV infections among children and keeping their mothers alive is largely in place, managerial, community and political leadership must be strengthened to ensure programme ownership, problem-solving and accountability. Leadership must focus on ensuring clarity in message, direction and priority action in ways that are recognized at all levels and by all stakeholders. Leadership must promote transparency, interaction and accountability, which can be reflected in incentive-based systems.

Making smart investment and managing resources efficiently

The core costs of preventing children from acquiring HIV infection and keeping their mothers alive can be met in many of the countries in which many babies are born with HIV. Since prevention costs far less than caring for a child living with HIV and keeping their mothers alive helps to keep families, communities and societies intact, national leaders should increase domestic contributions to core programme costs. Investment in eliminating new HIV infections among children and keeping their mothers alive is highly cost-effective—making this not only the right thing to do but also the smart thing to do. Increasing national and regional investment in these areas is central to ensure sustainability beyond 2015.

Investment must be coordinated, simplified and harmonized and targeted at the services that are most effective at delivering results, to maximize benefit and value for money.

Leveraging HIV prevention and treatment with maternal, newborn and child health and reproductive health programmes

The close relationship between programmes for preventing children from becoming newly infected with HIV and keeping their mothers alive and maternal, newborn and child health programmes, especially in countries with a high HIV prevalence, offers an opportunity for a mutually enforcing effort, with HIV services for mothers and children serving as a catalyst to move both programmes forward.

Extraordinary leadership is required to make the needed transition from the traditional vertical approach to preventing the mother-to-child transmission of HIV to a more comprehensive system for delivering services based on maternal, newborn and child health, with HIV prevention and treatment services for mothers and children catalysing access to these comprehensive life-saving health services.

Leaders also need to be aware of technological improvements such as simpler and more tolerable treatment regimens and easier-to-use point-of-care diagnostics, with new opportunities for organizing and delivering services at the point of care. These opportunities require matching regulations governing the equipping of service delivery points and

Deleted: a
Formatted ... [282]
Deleted: While
Formatted ... [283]
Deleted: to
Formatted ... [284]
Deleted: on of
Formatted ... [285]
Deleted:
Formatted ... [286]
Deleted:
Formatted ... [287]
Deleted: s,
Formatted ... [288]
Deleted: new …s…among ... [289]
Formatted ... [290]
Deleted: high number of
Formatted ... [291]
Deleted: being
Formatted ... [292]
Deleted: Recognizing that
Formatted ... [293]
Deleted: ,…that …s…are ... [294]
Formatted ... [295]
Deleted: em…,…s… ... [296]
Formatted ... [297]
Deleted: ... [298]
Formatted ... [299]
Deleted: so as wherever p ... [300]
Formatted ... [301]
Deleted: u
Formatted ... [302]
Deleted: m… ¶ ... [303]
Formatted ... [304]
Formatted ... [305]
Deleted: on of
Formatted ... [306]
Deleted: HIV
Formatted ... [307]
Deleted: tions among childr ... [308]
Formatted ... [309]
Deleted:
Formatted ... [310]
Deleted: -based service del ... [311]
Formatted ... [312]
Deleted: t…for ... [313]
Formatted ... [314]
Deleted: ¶
Formatted ... [315]
Formatted ... [316]
Deleted:
Formatted ... [317]
Deleted:
Formatted ... [318]
Deleted:
Formatted ... [319]
... [320]
Formatted ... [321]

governing who is authorized to diagnose HIV infection and initiate and provide prevention and treatment.

Being accountable

Moving the focus from scaling up programmes and coverage to targets and the systematic estimation of the number of children acquiring HIV infection will make countries and partners more accountable and focused on results.

Country and community ownership is essential when deciding how to optimize synergistic and mutually beneficial programmes. Reliable data represent the basis for mutual accountability for governments and partners and to the people that need, use and benefit from the services.

Aligning the accountability framework for HIV prevention and treatment for mothers and children with the recently agreed accountability framework for the United Nations Secretary-General's Global Strategy for Women's and Children's Health—combining elements of community charters, annual national progress reviews and a Global Steering Group with an arena for reporting and assessing progress—is a key leadership opportunity. At the national level, this aligned approach will facilitate joint planning, combined resource mobilization efforts and joint monitoring and evaluation.

Leadership actions

Leadership must take place at all levels—community, national, regional and global—to realize the goals of eliminating new HIV infections among children and keeping mothers alive. To this end, core leadership action should include the following.

Community action

1. **Communities will develop, adapt and implement community priorities through charters.**
   Community charters will help to increase community awareness, define minimum standards and work to remove barriers to the delivery of services, including efforts to reduce stigma and discrimination.
2. **Communities will ensure the participation of all stakeholders.**
   Community leaders will ensure that all key local constituencies, including women living with HIV, service providers, men and faith-based representatives are involved in designing, implementing and monitoring programmes.
3. **Communities will maximize community assets.**
   Community leaders will ensure that policies and programmes are relevant to each local environment and that all community resources and assets are engaged, including midwives, mentor mothers and other women living with HIV, peer educators and community health workers.
4. **Community leaders will identify solutions.**
   Community leadership is also vital to tackle the many complex psychosocial issues

Deleted: are
Formatted ... [322]
Formatted ... [323]
Deleted: ,
Formatted ... [324]
Deleted: programme
Deleted: e
Formatted ... [325]
Formatted ... [326]
Formatted ... [327]
Deleted: new
Deleted: s
Deleted: among children
Deleted: ¶
Formatted ... [328]
Formatted ... [329]
Deleted: sions
Deleted: are made about
Formatted ... [330]
Formatted ... [331]
Deleted: of
Formatted ... [332]
Formatted ... [333]
Deleted: N
Formatted ... [334]
Formatted ... [335]
Deleted: Panel
Formatted ... [336]
Deleted: ,
Deleted: in order
Formatted ... [337]
Deleted: for
Formatted ... [338]
Deleted: on of
Deleted: to be realized
Deleted: s
Formatted ... [339]
Deleted: :
Deleted: s
Deleted: for
Formatted ... [340]
Formatted ... [341]
Deleted: the
Formatted ... [342]
Formatted ... [343]
Deleted: ation
Deleted: of

(including stigma and discrimination) faced by pregnant women living with HIV that limit their access to or retention in health services that could benefit them and their children.

National actions

1. **National leaders will build a vibrant coalition between the HIV and maternal, newborn and child health constituencies around the goal of eliminating new HIV infections among children by 2015 and keeping their mothers alive.**
   National leaders and in-country partners will exert political leadership to ensure that the development and private sectors fully support eliminating new HIV infections among children by 2015 and keeping their mothers alive and promote greater synergy and the strategic integration of programmes for preventing mother-to-child HIV transmission, maternal, newborn and child health programmes and family planning services.

2. **National leaders will promote a sense of urgency, transparency and accountability in managing and implementing programmes.**
   Legal and policy barriers to scaling up programmes will be removed. Leaders will own and lead all processes of planning strategically, implementing programmes, monitoring performance and tracking progress. This includes revising comprehensive, prioritized and costed national plans to eliminate new HIV infections among children, reduce deaths during pregnancy caused by HIV and ensure the health and survival of mothers, reflecting broader national strategies on HIV and maternal, newborn and child health. National leaders will ensure that national plans and strategies are population-based and emphasize providing services in primary care and at decentralized levels.

3. **National leaders will ensure that national plans and strategies consider the needs of marginalized pregnant women.**
   Leaders need to ensure that all pregnant women in their country, irrespective of their legal status or occupation, are able to access HIV and antenatal services without stigma or discrimination. This includes specifically addressing national laws, policies and other factors that impede service uptake by women, their partners and their children and supporting communities in delivering HIV-related services. This means taking active steps to create demand for services.

4. **National leaders will increase their domestic investment.**
   National leaders will increase domestic investment for eliminating new HIV infections among children and keeping their mothers alive in accordance with their updated national plans.

5. **National leaders will strengthen the implementation of the "Three Ones" principles and establish efficient institutional and management systems.**
   National leaders will strengthen and implement the "Three Ones" principles to enhance the ability of development partners to manage all activities related to eliminating new HIV infections among children and keeping their mothers alive, including essential maternal, newborn and child health services.

Deleted: which
Formatted ... [344]
Deleted: ,…,…which ... [345]
Formatted ... [346]
Formatted ... [347]
Deleted: elimination of new ... [348]
Formatted ... [349]
Deleted: across developme ... [350]
Formatted ... [351]
Deleted: ies
Formatted ... [352]
Deleted: on of … programm ... [353]
Formatted ... [354]
Deleted: and
Deleted: ,…as well as ... [355]
Formatted ... [356]
Formatted ... [357]
Deleted: ¶
Formatted ... [358]
Formatted ... [359]
Deleted: direction and ... [360]
Formatted ... [361]
Deleted: scale up …-…ion. ... [362]
Formatted ... [363]
Deleted: ing…due to ... [364]
Formatted ... [365]
Deleted: ,
Formatted ... [366]
Deleted: ing
Formatted ... [367]
Deleted: strategies
Formatted ... [368]
Deleted: sion of…at ... [369]
Formatted ... [370]
Formatted: Bullets and Nur ... [371]
Deleted: take account
Formatted ... [372]
Deleted: will …as well as ... [373]
Formatted ... [374]
Deleted: to
Formatted ... [375]
Deleted: ¶
Formatted ... [376]
Deleted: contributions
Formatted ... [377]
Deleted: need to …s…the ... [378]
Formatted ... [379]
Deleted: on of…line ... [380]
Formatted ... [381]
Formatted ... [382]
Formatted ... [383]
Deleted: direct
Formatted ... [384]
Deleted: the
Formatted ... [385]
... [386]
Formatted ... [387]
Formatted ... [388]

Regional actions

1. **Regional leaders will create regional partnerships to support the implementation of the Global Plan.**

   At the regional level, leaders will support the implementation of the Global Plan by supporting processes for harmonizing policies, promoting broader advocacy and sharing best practices among countries and committing their countries to collaborate in implementing programmes as part of the ongoing regional integration. The leaders will also ensure that the Global Plan is integrated into regional development agendas and support the mobilization of domestic resources for implementing regional and national programmes.

2. **Regional leaders will promote the South–South exchange of best practices.** Leaders at the regional level will use existing regional bodies—including the African Union Commission, the Planning and Coordinating Agency of the New Partnership for Africa's Development (NEPAD Agency), the Southern African Development Community (SADC), East African Community (EAC), Economic Community of West African States (ECOWAS), Economic Community of Central African States (ECCAS) and AIDS Watch Africa. The leadership of these bodies will raise awareness of the Global Plan, attract resources to it and promote collaboration around its goals.

Global actions

1. **Global leaders will mobilize financial resources.** Leaders at the global level will mobilize additional resources from development partners—donors, foundations and the private sector—to support the funding of the implementation of the Global Plan in countries.

2. **Global leaders will build and enhance the capacity of countries.** Global leaders will develop, resource and sustain mechanisms for coordinating the rapid provision of technical assistance and support for capacity-building for countries based on nationally driven needs.

3. **Global leaders will advocate for simplification.** Global leaders will push for simplifying HIV treatment and prophylactic regimens and for developing new, affordable technologies for HIV prevention and treatment as well as delivery mechanisms.

4. **Global leaders will promote and support synergy and strategic integration between programmes for preventing HIV infection among children and programmes for maternal, newborn and child health and reproductive health to save lives.** Leaders at the global level will build coalitions and reinforce support for integrating the initiative to eliminate new HIV infections among children and keep their mothers alive with the broader United Nations Secretary-General's Global Strategy for Women's and Children's Health, Millennium Development Goals 4, 5 and 6 and other initiatives focusing on women and children. Innovative approaches to delivering

Deleted: .
Formatted ... [389]
Deleted: of …- ... [390]
Formatted: Font: Arial
Deleted: the … ¶ ... [391]
Formatted: Font: Arial
Deleted: -to-…New Partner ... [392]
Formatted ... [393]
Formatted ... [394]
Deleted: ,…the ... [395]
Formatted ... [396]
Deleted: of the Global Plan
Deleted: ,
Formatted ... [397]
Formatted: Bullets and Nur ... [398]
Formatted ... [399]
Deleted: to
Deleted: <#>Global leader ... [400]
Formatted ... [401]
Deleted:
Formatted ... [402]
Deleted: ication of…the ... [403]
Formatted ... [404]
Deleted: m
Formatted ... [405]
Deleted: ent of
Formatted ... [406]
Deleted: ¶
Formatted ... [407]
Formatted ... [408]
Deleted: ies…transmissio ... [409]
Formatted ... [410]
Deleted: ,
Formatted ... [411]
Deleted: the
Formatted ... [412]
Deleted: on of
Formatted ... [413]
Deleted: in
Formatted ... [414]
Deleted: N
Formatted ... [415]
Deleted: the …,…, ... [416]
Formatted ... [417]
Deleted: ed…service ... [418]
Formatted ... [419]

services will be developed that create demand for the services, address women's education and psychosocial needs and provide clinical services.

5. **Global leaders will commit to accountability.**
   Global leaders will agree to an accountability framework that aligns with the United Nations Secretary-General's Global Strategy for Women's and Children's Health through a distinct stream of reporting on the numbers of children acquiring HIV infection, treatment of eligible pregnant women living with HIV and unmet family planning needs among women living with HIV.

Priorities in mobilizing resources

A smart investment that saves lives

New resources are required to reach this ambitious goal, but few development efforts, if any, enable such a focused investment with such a tangible impact. Overall, the estimated cost of the interventions to eliminate new HIV infections among children and keep their mothers alive in the 22 priority countries, home to nearly 90% of the pregnant women living with HIV who need services, is about US$ 1 billion per year between 2011 and 2015.

This includes costs for HIV testing and counselling, CD4 counts for pregnant women testing HIV-positive, antiretroviral prophylaxis, antiretroviral therapy and co-trimoxazole for eligible women and children, family planning for women living with HIV and community mobilization. The annual requirements in these 22 countries are estimated to increase from about US$ 900 million in 2011 to about US$ 1.3 billion in 2015. A large proportion of this investment is required in a few countries such as Nigeria and South Africa, which have 21% and 14% of the children newly infected with HIV, respectively.

UNAIDS estimates that about US$ 500 million is invested annually to stop children from becoming newly infected with HIV, indicating that the majority of the global resources required for HIV-specific interventions for the first year is already available. The shortfall is less than US$ 300 million in 2011 and about US$ 2.5 billion for 2012–2015.

Ensuring funds to treat infants living with HIV in the first year of life is particularly critical, as nearly one third of infants living with HIV will die without appropriate treatment. The cost of treating all infants newly infected with HIV in 2011 is about US$ 60 million, and this declines over time with the successful elimination of new HIV infections among children. Including treatment costs for children diagnosed with HIV extends beyond the scope of prevention but recognizes that prevention failures may occur, and treatment needs for children must be immediately covered for newborns.

{chart below]

Changes:

Title: Investment for the Global Plan in the 22 priority countries

Vertical axis: Billions of US dollars

Horizontal axis: Year

Deleted: y
Formatted ... [420]
Deleted: and …as well as ... [421]
Formatted ... [422]
Deleted: ing… will be devel ... [423]
Formatted: Bullets and Nur ... [424]
Deleted:
Formatted ... [425]
Deleted: N
Formatted ... [426]
Deleted: framework
Formatted ... [427]
Deleted: new
Formatted ... [428]
Deleted: s among children
Formatted ... [429]
Deleted: ¶
Formatted ... [430]
Deleted: resource mobiliz ... [431]
Formatted ... [432]
Deleted: ¶
Formatted ... [433]
Deleted: While
Formatted ... [434]
Deleted: n
Formatted ... [435]
Deleted: allow for
Formatted ... [436]
Deleted: ing
Formatted ... [437]
Deleted: in
Formatted ... [438]
Deleted: of
Formatted ... [439]
Deleted: ,…estimated to be ... [440]
Formatted ... [441]
Deleted: treatment
Formatted ... [442]
Deleted: A
Formatted ... [443]
Deleted:
Formatted ... [444]
Deleted: …high burden …c ... [445]
Formatted ... [446]
Deleted: burden of
Formatted ... [447]
Deleted: infections among children
Deleted: approximately
Formatted ... [448]
Deleted:
Formatted ... [449]
Deleted: infections among ... [450]
Formatted ... [451]
Deleted: …re…is a …of ... [452]
Formatted ... [453]
... [454]
Formatted ... [455]
... [456]
Formatted ... [457]
Formatted ... [458]
... [459]
Formatted ... [460]
Formatted ... [461]
Formatted ... [462]

Delete dollar sign in numbers on vertical axis

Co-trimoxazole for infants

Antiretroviral therapy for infants

Community mobilization

Co-trimoxazole for mothers

CD4 tests for mothers

Antiretroviral therapy for mothers

Opt B???

Opt A???

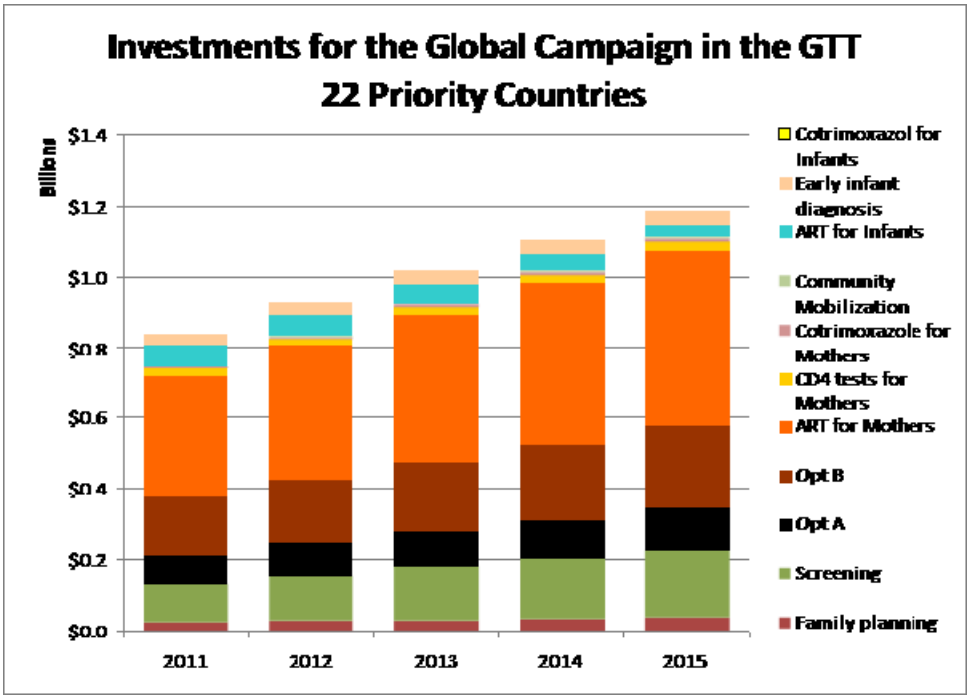
Deleted: infants

Formatted: Font: Arial, Shadow, Highlight

Formatted: Font: Arial, Shadow, Highlight

Formatted: Font: Arial, Shadow

Formatted: Font: Arial



Source: ???

Formatted: Font: Not Bold, Italic, No underline

Formatted: Font: Not Bold, No underline

Formatted: Font: Not Bold, No underline, Highlight

Formatted: Font: Not Bold, No underline

Need for mobilizing further resources

Additional donor resources are needed for broader national health system strengthening in many countries, to support maternal, newborn and child health services in many countries and to improve women's and children's health outcomes. These investments are not included in this Global Plan and must be mobilized separately, as do the funds for ongoing treatment for mothers beyond the breastfeeding period, for fathers and for children living with HIV.

Ten per cent of the children newly infected with HIV live in other countries across the world without a high prevalence of HIV. These countries have the potential to meet their needs from domestic resources. Providing the screening and services needed is also a priority and an achievable objective, even though millions of women must be screened to find an HIV-positive individual in a low-prevalence setting (with an estimated cost of US$ 2 billion over five years).

Need for more coordinated and efficient management of resources

The financial management of investments in eliminating new HIV infections among children and keeping their mothers alive and related programmes remains fragmented and uncoordinated. Partners at all levels must work to harmonize their investment plans and ensure that they are coordinated under the leadership of the national plan.

Actions for mobilizing resources

The actions needed to mobilize resources to support these priorities are outlined below. These actions are guided by the core principles of country ownership and shared responsibility.

1. Costing national plans.

Each country will cost its resource needs for eliminating new HIV infections among children by 2015 and keeping their mothers alive. The costing will be achieved by the end of 2011 based on real cost data that are specific to their country. This could be done when national AIDS and maternal, newborn and child health plans are revised.

These costed plans will include: harmonizing cost categories; conducting a gap analysis to determine funding requirements at the national and subnational levels; and ensuring appropriate resource allocation according to need, especially when national budgets are insufficient. Strengthening antenatal, postnatal and maternal, newborn and child health programmes, in accordance with the context and essential to eliminating new HIV infections among children and keeping their mothers alive, will be required to achieve the agreed goals, and these additional costs will be established at the country level. Costed plans will be the basis for mobilizing resources at the country level and for investment by all partners. Countries will also put in place a mechanism for tracking expenditure to monitor investment.

2. Increasing domestic investment.

All countries will increase domestic investment proportionate to the domestic capacity and

[3] These 10 points are mostly applicable to the 22 priority countries. Other countries with low-level and concentrated epidemics should adapt these to their local contexts.

Deleted: will have to
Deleted: ten
Formatted ... [464]
Deleted: further resource
Formatted ... [465]
Deleted: ation
Deleted: s…have ... [466]
Formatted ... [467]
Deleted: been
Formatted ... [468]
Deleted: ... [469]
Formatted ... [470]
Deleted: infections among c ... [471]
Formatted ... [472]
Deleted: burden
Formatted ... [473]
Deleted:
Formatted ... [474]
Deleted:
Formatted ... [475]
Deleted: while recognizing that
Formatted ... [476]
Deleted:
Formatted ... [477]
Deleted: 2
Deleted:
Formatted ... [478]
Deleted: Resource mobilization
Formatted ... [479]
Deleted: a
Formatted ... [480]
Deleted: resource mobilization
Formatted ... [481]
Deleted: ¶
Formatted ... [482]
Deleted:
Formatted ... [483]
Deleted: them and
Formatted ... [484]
Deleted: is… by the end of ... [485]
Formatted ... [486]
Deleted: ,…and ... [487]
Formatted ... [488]
Deleted: during revision of
Formatted ... [489]
Deleted:
Formatted ... [490]
Deleted: ation of
Formatted ... [491]
Deleted: e…particularly wh ... [492]
Formatted ... [493]
Deleted: of…as fit to ... [494]
Formatted ... [495]
Deleted: the …o ... [496]
Formatted ... [497]
Formatted ... [498]
Formatted ... [499]
Formatted ... [500]
... [501]
Formatted ... [502]
Formatted ... [503]

burden. Many middle-income countries already cover a majority of their resource needs from domestic sources. Countries will strive to meet the target of allocating 15% of the domestic budget for health agreed at the 2001 African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja, Nigeria and give priority to investing in programmes for preventing the mother-to-child transmission of HIV within that context.

3. Increasing international investment.
International investment will be mobilized from countries. UNAIDS will lead global efforts to mobilize resources, and national governments will lead country-level investment. Particular emphasis will be given to attracting new donors such as the African Development Bank, foundations and philanthropies in both emerging and developed economies.

4. Exploring innovative financing mechanisms.
Countries will be encouraged to explore innovative financing mechanisms to support the resource gaps they identify. These could include investment in national health insurance financing schemes, national levies and public-private partnerships.

5. Leveraging existing resources.
National plans for eliminating new HIV infections among children and keeping their mothers alive will identify existing investments in health and development, including those for maternal, newborn and child health and for care, support and education for orphans, and maximize the potential efficiency gained from integrating programmes and services. Given the key contribution of family planning to reducing the number of unplanned pregnancies among women living with HIV, links with HIV services will be a priority.

Communication priorities

Gaining public support for eliminating new HIV infections among children and keeping their mothers alive
Eliminating new HIV infections among children and keeping their mothers alive will require widespread public support. Without such support, global, national and community leaders will not support changing policy, mobilizing resources and investment and increasing implementation efforts.

Increasing the uptake of HIV testing and counselling, antenatal coverage and retention in care

A communication campaign is required to mobilize couples to access quality-assured comprehensive HIV services and access to antenatal care for women. Such mobilization can create demand for services, reduce the barriers to access and ensure that women stay in care to obtain the full benefit of the services.

Reducing stigma and discrimination faced by women and children living with HIV
Women living with HIV often face stigma and discrimination while accessing health and

Deleted: Abuja
Formatted ... [506]
Deleted: tize
Formatted ... [507]
Deleted: ment for
Formatted ... [508]
Deleted: on of
Formatted ... [509]
Deleted: programmes … ¶ ... [510]
Formatted ... [511]
Deleted:
Formatted ... [512]
Deleted: s...s ... [513]
Formatted ... [514]
Deleted: G…resource mobi ... [515]
Formatted ... [516]
Deleted: will led by ... [517]
Formatted ... [518]
Deleted:
Formatted ... [519]
Deleted: that …s… ¶ ... [520]
Formatted ... [521]
Deleted:
Formatted ... [522]
Deleted: the
Formatted ... [523]
Deleted: on of
Formatted ... [524]
Deleted: ,…orphans ... [525]
Formatted ... [526]
Deleted: and
Formatted ... [527]
Deleted: ies…program and ... [528]
Formatted ... [529]
Deleted: n
Formatted ... [530]
Deleted: e…age… ¶ ... [531]
Formatted ... [532]
Deleted: the
Formatted ... [533]
Deleted: on of
Formatted ... [534]
Deleted: policy
Formatted ... [535]
Deleted: es…resource and ... [536]
Formatted ... [537]
Deleted: ation
Formatted ... [538]
Deleted: as well as
Formatted ... [539]
Deleted: will not be suppor ... [540]
Formatted ... [541]
Deleted: ,…as well as ... [542]
Formatted ... [543]
Deleted: qualit
Formatted ... [544]
... [545]
Formatted ... [546]
Formatted ... [547]

social welfare services; this limits the impact of services, thus reducing the outcomes of care. Reducing stigma and discrimination is also vital to empowering and giving leadership to women living with HIV for them to demand access to and manage HIV-related services for themselves and their children. Mentor mothers and other women openly living with HIV play a central role in communication campaigns to reduce stigma and discrimination and to mobilize the demand for and sustained use of services.

Communication actions

To promote the goal of eliminating new HIV infections among children and keeping their mothers alive, countries and the global level will educate and mobilize. A particular focus will be placed on building engagement among communities and civil society, linking with their aspirations and addressing their concerns, with special attention to the communities of women living with HIV and to ensuring that any campaigns reduce stigma and discrimination against pregnant women and mothers living with HIV and do not inadvertently intensify the issues many women face.

1. National campaigns.
To create an enabling environment for the uptake of HIV services and increased community engagement, countries will undertake national campaigns.

These initiatives will be in synergy with existing behaviour and social change efforts, including those on HIV prevention and treatment, maternal, newborn and child health and reproductive health. The objectives for country-level campaigns will be based on the national plans and could include the following:

- educating and raising awareness;
- promoting services, including treatment for pregnant women and their male partners;
- reducing HIV- and gender-related stigma and discrimination;
- promoting community engagement, including families and men;
- mobilizing resources;
- ensuring accountability; and
- sharing best practices.

2. A global campaign.
A global campaign will be launched to promote the goal of eliminating new HIV infections among children and keeping their mothers alive. These efforts will increase the interest and support behind the Global Plan and provide a communication framework and branding platform for all partners to use in promoting their individual programmes related to eliminating new HIV infections among children and keeping mothers alive. Some of the objectives would include:

Deleted: and
Formatted ... [548]
Formatted ... [549]
Deleted: ,
Formatted ... [550]
Deleted: ing
Formatted ... [551]
Formatted ... [552]
Deleted: on of
Deleted: ion
Formatted ... [553]
Formatted ... [554]
Deleted: ation will be under ... [555]
Formatted ... [556]
Deleted: ,... ¶ ... [557]
Formatted ... [558]
Deleted:
Formatted ... [559]
Deleted:
Formatted ... [560]
Deleted: as well as
Formatted ... [561]
Deleted: ,
Formatted ... [562]
Deleted:
Formatted ... [563]
Deleted: on... ¶ ... [564]
Formatted ... [565]
Deleted: on of... ¶ ... [566]
Formatted ... [567]
Deleted: tion of
Formatted ... [568]
Formatted ... [569]
Formatted ... [570]
Formatted ... [571]
Deleted: ation of
Formatted ... [572]
Formatted ... [573]
Formatted ... [574]
Deleted: of
Formatted ... [575]
Deleted:
Formatted ... [576]
Deleted: G
Formatted ... [577]
Deleted: the
Formatted ... [578]
Deleted: on of

- carrying out advocacy around the goal of the Global Plan;
- ensuring accountability; and
- mobilizing resources.

The global campaign will seek to develop linkage and synergy with existing undertakings by partner organizations, including advocacy and communication efforts in support of implementing the United Nations Secretary-General's Global Strategy for Women's and Children's Health.

The campaign will be built around a uniting theme and generic identity that will provide partners with the flexibility to create their own campaigns that are suited to their audiences and programme goals.

Formatted: Font: Arial
Formatted: Font: Arial
Formatted: Font: Arial
Formatted: Font: Arial
Deleted: R
Formatted: Font: Arial
Deleted: s
Formatted: Font: Arial
Deleted: ies
Deleted: the
Formatted: Font: Arial
Deleted: ation of
Formatted: Font: Arial
Deleted: N
Formatted: Font: Not Italic
Deleted: ¶
Formatted: Font: Arial
Deleted: which
Formatted: Font: Arial

✱ Do it: implementation

The Global Plan focuses on a broad spectrum of countries. Given their differences in needs, contexts and stages of progress in implementation, specific action at the country level towards eliminating new HIV infections among children and keeping their mothers alive must be appropriately tailored to each national and subnational setting. However, despite the diversity of country contexts and conditions, many of the implementation challenges are similar, and all countries should seek to achieve a core set of programmatic and policy benchmarks towards attaining their national goals.

This emphasizes treating pregnant women and mothers for their own health and ensuring access to family planning. National plans will be implemented based on the four-pronged approach outlined earlier in the Global Plan.

Country implementation actions: 10-point plan[3]

The 10-point plan for accelerated action is a framework that enables each country, regardless of its circumstances, to take concrete steps to accelerate its progress towards eliminating new HIV infections among children and keeping their mothers alive.

1. **Conduct a strategic assessment of key barriers to eliminating new HIV infections and keeping their mothers alive**
   Countries will conduct rapid assessment of current programmes for preventing the mother-to-child transmission of HIV and the current implementation plan. This will include identifying the critical policy and programmatic gaps and barriers to accelerating scale-up and the opportunities for advancing progress towards the goal of eliminating new HIV infections among children and keeping their mothers alive.

2. **Develop or revise and cost the nationally owned plans towards eliminating new HIV infections among children and keeping their mothers alive.**
   Countries will develop or revise existing national plans, ensuring that they include clear goals and targets and strategic elements towards eliminating new HIV infections among children and keeping their mothers alive if this has not yet been done. These plans will include a tracking mechanism for measuring stepwise progress and thorough costing of essential programmatic interventions. They will also link appropriately to national maternal and child health goals and contribute to strengthening maternal, newborn and child health services and systems.

   Plans should include updating national guidelines in accordance with best practices and a time frame for rapid implementation, outline steps to remove barriers to scaling up, costing analysis to guide investment and strengthening monitoring and evaluation frameworks for tracking success.

   In particular, the targets in these plans will be expressed in terms of the number of new HIV infections among children averted and the number of HIV-related maternal deaths averted. The plan will therefore specify links to the ongoing monitoring of the

Deleted: d
Formatted ... [579]
Deleted: t…their differing ... [580]
Formatted ... [581]
Formatted ... [582]
Deleted: s
Formatted ... [583]
Deleted: on of…them and . ... [584]
Formatted ... [585]
Deleted: there is …which al ... [586]
Formatted ... [587]
Deleted: .
Formatted ... [588]
Deleted: ment for…as well ... [589]
Formatted ... [590]
Deleted: The implementation of n
Formatted ... [591]
Deleted: p
Formatted ... [592]
Deleted: : 10-point plan
Formatted ... [593]
Deleted: on of…. ... [594]
Formatted ... [595]
Deleted: undertake a …ly ... [596]
Formatted ... [597]
Deleted: assess
Formatted ... [598]
Deleted: ment…of ... [599]
Formatted ... [600]
Deleted: on of
Formatted ... [601]
Deleted: programmes
Formatted ... [602]
Deleted: ed
Formatted ... [603]
Deleted: …,…as well as ... [604]
Formatted ... [605]
Deleted: target
Formatted ... [606]
Deleted: on of
Formatted ... [607]
Deleted: -
Formatted ... [608]
Deleted: on of… and cost ... [609]
Formatted ... [610]
Deleted: on of…,…where ... [611]
Formatted ... [612]
Deleted: -…,…a ... [613]
Formatted ... [614]
Deleted: .
Deleted: of …line ... [615]
Formatted ... [616]
Deleted: their
Formatted ... [617]
Deleted: for
Formatted ... [618]
... [619]
Formatted ... [620]
Formatted ... [621]
... [622]
Formatted ... [623]

estimated numbers children newly infected with HIV beyond the breastfeeding period (not just coverage) at the subnational level, such as by region, province or district, and monitoring the survival of mothers and their retention in care services. Plans should also reflect current global guidelines for treating pregnant women living with HIV, preventing HIV infection among infants, infant feeding, early infant diagnosis and treatment for children and the rapid phasing out of single-dose nevirapine prophylaxis, as appropriate.

National plans will include explicit mechanisms for effective referral of infants diagnosed with HIV into appropriate treatment and care as well as referrals for continued treatment, care and support for their mothers after the breastfeeding period ends.

These plans will clearly articulate strategies for effectively engaging the community in all aspects of scaling up services—creating demand, improving uptake and retaining clients.

3. **Assess the available resources for eliminating new HIV infections among children and keeping their mothers alive and develop a strategy to address unmet needs.**
Countries will map the resources available for eliminating new HIV infections among children and keeping their mothers alive to identify financing gaps, including critical health system gaps. Each country will develop and implement a resource-leveraging strategy to increase investment from domestic, international and private sources. Countries will regularly revise resource allocation based on how programmes perform, evolving national priorities and new technical evidence.

4. **Implement and create demand for a comprehensive, integrated package of interventions and services for HIV prevention and treatment.**
Countries will ensure that national plans reflect a comprehensive package, including promoting HIV prevention among women of reproductive age, meeting the unmet family planning needs of women living with HIV, providing antiretroviral prophylaxis to reduce mother-to-child HIV transmission and extending treatment and care to all eligible pregnant women living with HIV and their infants living with HIV. All programmes should reflect the latest global guidelines and evidence-informed solutions to overcome the barriers to eliminating new HIV infections among children and reducing HIV-related maternal mortality.

5. **Strengthen synergy and integration appropriate to the context between HIV prevention and treatment and related health services to improve the health outcomes of mothers and children.**
Countries will promote integration between HIV services for pregnant women, maternal, newborn and child health, family planning, orphans and vulnerable children and other relevant programmes and services to expand the coverage of HIV services, increase access, strengthen linkage and referrals, improve quality and optimize the use of resources. Countries will do this in particular by integrating the provision of HIV testing and counselling, antiretroviral prophylaxis and treatment into antenatal care and maternal, newborn and child health services. In addition, the

Deleted: of
Formatted ... [624]
Formatted ... [625]
Deleted: infections in childr ... [626]
Deleted: ,… beyond the ... [627]
Formatted ... [628]
Deleted: of
Formatted ... [629]
Deleted: of mothers …in ... [630]
Formatted ... [631]
Formatted ... [632]
Deleted: and
Formatted ... [633]
Deleted: ,
Deleted: ,
Formatted ... [634]
Deleted: Strategies for effe ... [635]
Formatted ... [636]
Deleted: d within these plans
Formatted ... [637]
Deleted: on of…child ... [638]
Formatted ... [639]
Deleted: .
Deleted: conduct a …ping… ... [640]
Formatted ... [641]
Deleted: it…in light of ... [642]
Formatted ... [643]
Deleted: programme
Formatted ... [644]
Deleted: ance…, ... [645]
Deleted:
Formatted ... [646]
Formatted: Bullets and Nu ... [647]
Formatted ... [648]
Deleted: interventions an ... [649]
Formatted ... [650]
Deleted: ARV …care and ... [651]
Formatted ... [652]
Deleted: ,…as well as ... [653]
Formatted ... [654]
Deleted: on of…,… ¶ ... [655]
Formatted ... [656]
Formatted: Bullets and Nu ... [657]
Formatted ... [658]
Deleted: ies…fit ... [659]
Formatted ... [660]
Deleted: maternal and child
Formatted ... [661]
Deleted: and…,…in order ... [662]
Formatted ... [663]
Deleted: coverage
Formatted ... [664]
Deleted: s

provision of family planning will be integrated into HIV programmes for women living with HIV. Depending on the national context, countries may seek to strengthen the maternal, newborn and child health and antenatal care platforms.

6. **Enhance the supply and use of human resources for health.**
By reforming policies and regulations, including task-shifting and task-sharing, countries will develop and implement a plan that addresses shortages of qualified health professionals, including schemes for recruiting, training, deploying and retaining health care workers and mobilizing resources from domestic and international sources.

Task-shifting measures will include enabling all health centres and nurses to perform HIV rapid tests, provide antiretroviral prophylaxis and maintain antiretroviral therapy. National training curricula will be revised as necessary to ensure that all incoming and current health care workers possess the requisite skills to implement optimal programmes. When feasible, community health care workers will be trained and empowered to perform rapid HIV testing, refer for antiretroviral therapy and provide support for adherence and maintenance. Opportunities will also be promoted for training mentor mothers and other women living with HIV to provide education and support in health care facilities and communities for pregnant women and new mothers living with HIV.

7. **Evaluate and improve access to essential medicines and diagnostics and strengthen supply chain operations.**
Countries will assess supply requirements and system functionality, including improving product and supply chain management down to the lowest level of care and national and subnational capacity for commodity planning, forecasting and operational follow-up. Countries will be supported in improving access to essential commodities and in strengthening laboratory systems and point-of-care capacity to deliver the diagnostic services needed, including rapid HIV testing, DNA polymerase chain reaction (PCR), CD4 measurement and haemoglobin tests in primary care when feasible. Such services should continually evolve over time by introducing and rolling out promising new technologies.

Systems should be simplified, procurement plans developed, the private sector involved, South–South cooperation promoted and region-wide frameworks for manufacture, procurement and regulation of drugs developed to reduce costs and promote sustainability.

8. **Strengthen community involvement and communication.**
Countries will strengthen the capacity of communities, especially networks and support groups of women living with HIV, to increase their ownership of and participation in outreach activities and delivering services. Communities will be involved at all levels of planning, implementing and monitoring programmes to increase the demand for and use of services and follow-up support for programmes for preventing the mother-to-child transmission of HIV and maternal, newborn and child health services. Community expertise will be further leveraged to promote the

Deleted: ,… ¶ … [665]
Formatted … [666]
Formatted … [667]
Deleted: utilization
Formatted … [668]
Deleted: Through
Deleted: y
Deleted: ory reform
Deleted:
Deleted:
Formatted … [669]
Formatted … [670]
Formatted … [671]
Formatted … [672]
Deleted: health care worker
Formatted … [673]
Deleted: ment
Formatted … [674]
Deleted: ment,
Formatted … [675]
Formatted … [676]
Deleted: ention schemes;.. … [677]
Formatted … [678]
Deleted: ation… … [679]
Formatted … [680]
Deleted: …ARV … [681]
Formatted … [682]
Deleted: ,
Formatted … [683]
Deleted: ART
Formatted … [684]
Deleted: r
Formatted … [685]
Deleted: e
Formatted … [686]
Deleted: rals
Formatted … [687]
Deleted: ART …adherence … [688]
Formatted … [689]
Deleted: to be trained …,… … [690]
Formatted … [691]
Deleted: ,…-…commodity p … [692]
Formatted … [693]
Deleted: ,
Formatted … [694]
Deleted: to
Formatted … [695]
Deleted: e…, … [696]
Formatted … [697]
Deleted: to
Formatted … [698]
Deleted:
Formatted … [699]
Deleted:
Formatted … [700]
Formatted … [701]
Formatted … [702]
… [703]
Formatted … [704]
… [705]
Formatted … [706]
Formatted … [707]

greater involvement of women living with HIV as well as men in programmes to create a more supportive environment for meeting family planning needs, providing infant care and reducing HIV-related stigma and discrimination, including their participation in communication campaigns.

9. **Improve the coordination of technical support to enhance the delivery of services.**
   Countries will promote coordination of essential interventions by various partners in alignment with the "Three Ones" principles, addressing national priorities, filling identified gaps and minimizing the duplication of effort. Direct and tailored technical support will be provided to rapidly respond to diverse country needs around scaling up programmes towards eliminating new HIV infections among children and keeping their mothers alive. Technical support will be coordinated to strengthen all maternal, newborn and child health programmes, especially in countries with weak antenatal coverage.

10. **Improve the assessment of outcomes, the quality of data and the assessment of impact.**
    Tools will be developed and implemented for assessing and reporting antiretroviral prophylaxis and therapy as well as family planning data by enhancing central monitoring and evaluation and at the community levels at which services are provided. Operational research and assessment of the impact on the number of HIV infections averted or the reduction in the transmission rate should use sound methods such as the global impact assessment protocol for prevention of mother-to-child transmission of HIV in addition to modelling approaches. It will be important to ensure that all partners support, use and respect the national monitoring and evaluation system for reporting their project and programme data and that monitoring and evaluation activities strengthen health information systems.

Strengthening the role of frontline community health care workers

Achieving the goal of eliminating new HIV infections among children and keeping their mothers alive will require stronger sustainable human resources for many health systems. Community health care workers can be professionalized into a grassroots paid workforce that strengthens the country's basic building blocks of health-related human resources. WHO guidelines recommend that community health care workers can perform many of the tasks related to preventing the mother-to-child transmission of HIV. Community health care programmes should be integrated into a nationwide community health system that standardizes basic training, procedures and protocols that include referral and follow-up.

Countries must harness the capacity of communities by involving, for example, women living with HIV and mentor mothers—a mother living with HIV who is trained and employed as part of a health care team to support, educate and empower pregnant women and new mothers about their health and their babies' health—to extend capacity, provide education and support and address the complex psychosocial issues many

Deleted: ,
Formatted ... [709]
Deleted: to
Formatted ... [710]
Deleted: e…through ... [711]
Formatted ... [712]
Deleted: Better
Formatted ... [713]
Deleted: ed…service ... [714]
Formatted ... [715]
Deleted: ensuring that
Formatted ... [716]
Deleted: are addressed
Formatted ... [717]
Deleted: are filled …duplica ... [718]
Formatted ... [719]
Deleted: ed…programme ... [720]
Formatted ... [721]
Deleted: e
Formatted ... [722]
Deleted: on of…with techni ... [723]
Formatted ... [724]
Deleted: where
Formatted ... [725]
Deleted: is weak
Formatted: Bullets and Nu ... [726]
Deleted: outcomes
Formatted ... [727]
Deleted: data
Formatted ... [728]
Deleted: ,…impact ... [729]
Formatted ... [730]
Deleted: of …treatment ... [731]
Formatted ... [732]
Deleted: as well as
Formatted ... [733]
Deleted: where
Formatted ... [734]
Deleted: impact
Formatted ... [735]
Deleted: ments
Formatted ... [736]
Deleted: utilize
Formatted ... [737]
Deleted: ologie
Formatted ... [738]
Deleted: impact assessmer ... [739]
Formatted ... [740]
Deleted: of … ¶ ... [741]
Formatted ... [742]
Deleted: In order to reach
Formatted ... [743]
Deleted: ,
Formatted ... [744]
Deleted: many health syste ... [745]
Formatted ... [746]
Formatted ... [747]
Formatted ... [748]
Formatted ... [749]
... [750]
Formatted ... [751]
Formatted ... [752]

women face in the community and in health services.

Global and regional actions

1. **Global and regional partners will align with national plans towards eliminating new HIV infections among children and keeping their mothers alive.**
   All global and regional partners will align with the national implementation plans for eliminating new HIV infections among children and keeping their mothers alive and support these in accordance with the "Three Ones" principles as well as the Paris Declaration on Aid Effectiveness.

2. **Rapid technical support will be made available—globally and from South to South.**
   Requests for technical support at the national and subnational levels will originate from within countries. Global partners will provide the technical support, including international and bilateral organizations, regional bodies and offices, civil society, academic institutions and the private sector. Country-to-country support will be promoted, especially among countries with similar health systems and epidemiological characteristics. Countries with expertise in scaling up HIV prevention and treatment programmes for mothers and children will support other countries when possible by exchanging technical experts, sharing best practices and supporting long-term capacity building.

   Technical assistance will be provided within the context of the technical support plan developed by the Inter-Agency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children (IATT) co-convened by WHO and UNICEF together with regional and country partners with the broad oversight of the Global Steering Group being established.

3. **Global guidelines will be revised**
   Global guidelines on HIV prevention and treatment will be revised periodically to reflect advances in science and programme experience to simplify programmes for women and children and optimize delivery.

Deleted: 7
Formatted: Shadow
Deleted: on of…the … [754]
Formatted: Font: Arial
Formatted: Font: Arial
Deleted: on of…line … [755]
Deleted: "…"…for … [756]
Formatted … [757]
Formatted: Font: Arial
Deleted: harmonization
Formatted: Font: Arial
Deleted: make available
Formatted: Font: Arial
Formatted: Bullets and Numbering
Deleted: r
Formatted: Font: Arial
Deleted:
Formatted … [758]
Deleted: -
Formatted: Font: Arial
Deleted: -…- … [759]
Formatted … [760]
Deleted: and …be …d … [761]
Formatted: Font: Arial
Deleted: by global partners
Formatted: Font: Arial
Deleted: e…of …where pos … [762]
Formatted: Font: Arial
Deleted: through the
Formatted … [763]
Deleted: e of…of … [764]
Formatted: Font: Arial
Deleted: … … [765]
Formatted: Font: Arial
Deleted: WHO and UNICEF co-convened
Formatted … [766]
Deleted: ¶
Formatted: Font: Arial
Formatted: Bullets and Numbering
Deleted: for
Formatted: Font: Arial
Deleted: ,…and deliver opti … [767]
Formatted: Font: Arial
Deleted: ¶
Formatted: Font: Arial

* Account for it: shared responsibility and specific accountability

Adopting the elimination of new HIV infections among children and keeping their mothers alive as a goal requires countries to manage myriad complexities in existing structures, programming approaches, funding and support systems. Good governance must promote transparency, interaction and accountability at all levels—community, national and global. As such, the accountability mechanisms will combine the elements of community charters, annual national progress reviews and a Global Steering Group with an arena for reporting and assessing progress. In addition, clear targets and milestones for 2015 and a clear framework for monitoring and measuring progress are essential parts of the Global Plan.

Priorities for accountability

Developing structures for sharing responsibility and accountability

National accountability mechanisms will reflect the different responses and contexts in different countries. The global and regional structures will need to support national level ownership and leadership for a renewed and repositioned initiative aiming to achieve real progress towards eliminating new HIV infections among children, with increased focus on treating their mothers for their own health.

Building the capacity of communities to monitor progress

Clear contracts and reliable data and information represent the basis for mutual accountability: for governments and partners to each other and to the people who need, use and benefit from the services. Systems need to be in place to collect essential data to support accountability, and the capacity of communities needs to be built to use the data for planning and implementing programmes and correcting course. Nevertheless, the high current burden of collecting and reporting data must be reduced. The indicators in current use will be reviewed with a view to minimizing data collection and the burden of reporting.

Developing new metrics for measurement

The shift from scaling up coverage to eliminating new HIV infections among children and keeping their mothers alive requires improved reporting on access, coverage, results and impact. This change of focus will make countries and partners more accountable and able to focus on the desired result rather than the process and individual substrategies.

Strengthening links with existing accountability initiatives

A key opportunity is to ensure that the accountability framework for eliminating new HIV infections among children and keeping their mothers alive supports the recently agreed accountability framework for the United Nations Secretary General's Global Strategy for Women's and Children's Health and those for achieving the Millennium Development Goals and the targets for achieving universal access to HIV prevention, treatment, care and support. At the national level, this will facilitate joint planning and combined efforts to mobilize resources and encourage a more synergistic approach to monitoring and evaluation.

Formatted ... [768]
Deleted: a...—... ¶ ... [769]
Formatted ... [770]
Deleted: ¶
Deleted: ngon of
Formatted ... [771]
Deleted: the
Formatted ... [772]
Formatted ... [773]
Deleted: to
Deleted: p... ¶ ... [774]
Formatted ... [775]
Deleted: e...an ... [776]
Formatted ... [777]
Deleted: this
Formatted ... [778]
Formatted ... [779]
Deleted: accountability ... ... [780]
Formatted ... [781]
Deleted: red
Formatted ... [782]
Deleted: level
Formatted ... [783]
Deleted: ...- ... [784]
Formatted ... [785]
Deleted: in
Formatted ... [786]
Deleted: ment of... ¶ ... [787]
Formatted ... [788]
Deleted: community
Deleted: .
Formatted ... [789]
Deleted: ,
Formatted ... [790]
Deleted: that
Formatted ... [791]
Deleted: programme
Formatted ... [792]
Deleted: ,
Formatted ... [793]
Deleted: ation...course ... [794]
Formatted ... [795]
Deleted: on...At same time ... [796]
Formatted ... [797]
Deleted: currently
Formatted ... [798]
Deleted: s...data ... [799]
Formatted ... [800]
Deleted: on
Formatted ... [801]
Deleted: A review of t
Formatted ... [802]
Deleted: use
Formatted ... [803]
Deleted: ly
Formatted ... [804]
Formatted ... [805]
Formatted ... [806]
Formatted ... [807]
Formatted ... [808]
Formatted ... [809]

Setting targets and monitoring progress

The Global Monitoring Framework and Strategy for the Elimination of New Child Infections by 2015 developed by WHO and UNICEF provides specific information on the indicators and measurement methods for tracking the progress made. To keep implementation milestones on track, a robust reporting mechanism and core indicators are needed for measuring success at the global, national and subnational levels.

Accountability actions

1. **National steering group.**
   Where they do not already exist, each country will establish a high-level national steering group chaired by the health minister, with participation from key stakeholders, including women living with HIV, and representatives of other relevant ministries. The steering group will be tasked:

   - to lead, coordinate and oversee core aspects of in-country efforts towards eliminating new HIV infections among children and keeping their mothers alive;
   - to oversee a rapid assessment of existing national policies and plans where appropriate, including bottlenecks to progress;
   - to ensure that national plans, policies and targets are updated and annual country work plans are developed where appropriate to accelerate progress towards eliminating new HIV infections among children and keeping their mothers alive;
   - to ensure that the "Three Ones" principles are applied so that they strengthen the national ownership of HIV programmes and related maternal, newborn and child health programmes;
   - to unify and harmonize the work of all stakeholders;
   - to advocate for accelerating the scaling up of programmes and improving the quality of services; and
   - to ensure that the efforts to eliminate new HIV infections among children contribute towards improving the health outcomes of mothers and children.

2. **Actions to ensure the accountability of communities.**
   Every pregnant woman should have access to predictable and high-quality services to ensure a successful outcome of the pregnancy and to assist her through the breastfeeding period and beyond in securing the best possible outcomes for herself and the baby. Community charters will be developed in each country and adapted and implemented at the community level.

   Such community charters will spell these out clearly critical requirements and ensure that health care providers are equipped to provide them. The implementation of these

Deleted: target …s … [812]
Formatted … [813]
Formatted … [814]
Deleted: ologie…there is ne … [815]
Formatted … [816]
Deleted: -
Formatted … [817]
Deleted: …minister of … [818]
Formatted … [819]
Deleted: to
Formatted … [820]
Formatted: Bullets and Nur … [821]
Deleted: L
Formatted … [822]
Deleted: on of
Formatted … [823]
Deleted: .
Formatted … [824]
Deleted: O
Formatted … [825]
Deleted: .
Formatted … [826]
Deleted: E…,…,…, … [827]
Formatted … [828]
Deleted: on of
Formatted … [829]
Deleted: .
Formatted … [830]
Deleted: E
Formatted … [831]
Deleted: in manner
Formatted … [832]
Deleted: s
Formatted … [833]
Deleted: .
Formatted … [834]
Deleted: U
Formatted … [835]
Deleted: .
Formatted … [836]
Deleted: and
Formatted … [837]
Deleted: A
Formatted … [838]
Deleted: ed…programme … [839]
Formatted … [840]
Deleted: e
Formatted … [841]
Deleted: ed…service … [842]
Formatted … [843]
Deleted: .
Deleted: <#>Ensure that th … [844]
Formatted … [845]
Deleted: a
Formatted … [846]
Formatted … [847]
… [848]
Formatted … [849]
… [850]
Formatted … [851]

charters will be monitored in the community by groups including local leaders, local chapters of people living with HIV (including women living with HIV), health care providers and civil society organizations. These groups should be resourced to perform these functions of monitoring and ensuring the responsiveness of programmes. Regular monitoring of progress at the ground level can help feed into the national monitoring process and build pressure for creating demand and sustained action.

3. Global Steering Group

A small, high-level and action-oriented Global Steering Group will be established, with representation from the key constituencies, including high-prevalence countries, donors, programme implementers, women living with HIV, civil society organizations, foundations, companies and the United Nations. The group will have 7–9 members. UNAIDS and the United States President's Emergency Plan for AIDS Relief will initially co-chair the Global Steering Group, and this function will rotate among the members. The Global Steering Group's role will be to oversee the implementation of the Global Plan and to ensure ongoing accountability for achieving progress towards the agreed goal. Some of the tasks of the Global Steering Group include the following:

a) **Mobilizing leadership**

The Global Steering Group will work with donor countries, the heads of WHO, UNICEF, UNFPA, the World Bank and UNAIDS (the H4+) and African political bodies such as the African Union, AIDS Watch Africa, the New Partnership for Africa's Development, the Southern African Development Community and the Economic Community of West African States to mobilize political support for high-level leadership on and active engagement in country-driven efforts. The Champions for an HIV-Free Generation and the Organization of African First Ladies against HIV/AIDS (OAFLA) will also be involved in this context.

b) **Ensuring technical support**

The Global Steering Group will work with and through the Inter-Agency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children and regional facilities to ensure the review, response and necessary follow-up to requests from countries for the full range of country-defined needs for technical and managerial support and capacity-building.

c) **Tracking results**

The Global Steering Group will ensure the timely monitoring of global progress, including an annual review and report on the implementation of the Global Plan towards the elimination of new HIV infections among children and keeping mothers alive. The Global Steering Group will convene annual progress reviews on the sidelines of the World Health Assembly in Geneva, Switzerland with health ministers from priority and donor countries, each year until 2015.

d) **Mobilizing resources**

The Global Steering Group will support efforts to harmonize cost categories, analyse funding gaps and strengthen the tracking of expenditure both nationally and globally. In particular, the Global Steering Group will bring identified resource

Deleted: —
Formatted ... [852]
Formatted ... [853]
Deleted: ,
Deleted: functions
Formatted ... [854]
Deleted: program monitorin ... [855]
Formatted ... [856]
Formatted ... [857]
Deleted: .
Formatted ... [858]
Deleted:
Formatted ... [859]
Deleted: burden
Formatted ... [860]
Deleted: corporations
Formatted ... [861]
Deleted: UN
Formatted ... [862]
Deleted: -
Formatted ... [863]
Deleted: The Global Steerir ... [864]
Formatted ... [865]
Deleted: ed by…UNAIDS a ... [866]
Formatted ... [867]
Deleted: provide
Formatted ... [868]
Deleted: ight…of ... [869]
Formatted ... [870]
Deleted: :
Deleted: W…ing…United N ... [871]
Formatted ... [872]
Deleted: the
Formatted ... [873]
Formatted ... [874]
Deleted: ,
Formatted ... [875]
Deleted: NEPAD…SADC ... [876]
Formatted ... [877]
Deleted: ,
Formatted ... [878]
Deleted: ECOWAS,…the S ... [879]
Formatted ... [880]
Deleted: …,…, ... [881]
Formatted ... [882]
Deleted: …" ... [883]
Formatted ... [884]
Deleted: f…" ... [885]
Formatted ... [886]
Deleted: A
Formatted ... [887]
Formatted: Bullets and Nur ... [888]
Formatted ... [889]
Deleted:
Formatted ... [890]
Formatted ... [891]
Formatted ... [892]
... [893]
Formatted ... [894]
Formatted ... [895]
Formatted ... [896]

gaps to the attention of governments and to existing and potential private investors.

e) **Defining a framework for accountability**

The Global Steering Group will develop a framework for accountability that outlines the responsibilities for tracking progress towards achieving global goals, country targets and leadership commitments. It will also ensure strong links between eliminating new HIV infections among children and other related frameworks, including following up on a recommendation by the United Nations Commission on Information and Accountability for Women's and Children's Health for monitoring progress in implementing the United Nations Secretary-General's Global Strategy for Women's and Children's Health, progress in achieving the Millennium Development Goals and progress in other global and regional initiatives. The Commission on Information and Accountability has recommended monitoring the scaling up of both antiretroviral prophylaxis and antiretroviral therapy for pregnant women as core indicators of women's and children's health. In doing its work, the Global Steering Group will, to the fullest extent practicable, use existing structures and rely on the wealth of technical expertise and global and in-country capacity of organizations involved in both the Global Steering Group itself and the Global Task Team.

4. Setting targets and milestones

a) Country targets and milestones

October 2011

- Countries have conducted a rapid assessment of their status on the road towards eliminating new HIV infections among children and keeping their mothers alive, including identifying key policy and programmatic barriers to scale-up such as demand-side barriers and the targeted technical assistance and capacity-building needed for accelerating progress.
- Baselines and targets have been established for eliminating new HIV infections among children and keeping their mothers alive.

January 2012

- Country leaders have fully integrated eliminating new HIV infections among children and reducing by half the HIV-associated pregnancy-related deaths into their national development frameworks and health plans.
- Countries have developed or revised decentralized country-level action plans for eliminating new HIV infections among children and keeping their mothers alive that reach every district. These plans should include clear goals and targets towards elimination, a tracking mechanism for measuring stepwise progress and a thorough costing of essential programmatic interventions and a plan to track the survival of mothers living with HIV and their retention in treatment and care for their own health and well-being.

Deleted: as well as
Formatted ... [898]
Deleted: sector
Formatted ... [899]
Deleted:
Formatted: Bullets and Nu ... [900]
Deleted: accountability
Formatted ... [901]
Deleted: n…accountability ... [902]
Formatted ... [903]
Deleted: and…age ... [904]
Formatted ... [905]
Deleted: on of…in ... [906]
Formatted ... [907]
Deleted: ,
Formatted ... [908]
Deleted: to
Formatted ... [909]
Deleted: Women's and Chil ... [910]
Formatted ... [911]
Deleted: the
Formatted ... [912]
Deleted: ation of
Formatted ... [913]
Deleted: N
Formatted ... [914]
Deleted: ,
Formatted ... [915]
Deleted: that
Formatted ... [916]
Deleted: e…ARV ... [917]
Formatted ... [918]
Deleted: ART …be monitor ... [919]
Formatted ... [920]
Deleted:
Formatted ... [921]
Deleted: utilize
Formatted ... [922]
Deleted: Committee
Formatted ... [923]
Formatted ... [924]
Deleted: will …where they s ... [925]
Formatted ... [926]
Deleted: on of
Formatted ... [927]
Deleted: …including ... [928]
Formatted ... [929]
Deleted: …,…needs for ... [930]
Formatted ... [931]
Formatted ... [932]
Deleted: will …on of ... [933]
Formatted ... [934]
Deleted: baselines and targ ... [935]
Deleted: will
Formatted ... [936]
Formatted ... [937]
Formatted ... [938]
... [939]
Formatted ... [940]
Formatted ... [941]
... [942]
Formatted ... [943]
... [944]

- Countries have analysed expenditure, harmonized expenditure categories as needed, identified financing gaps in their action plans and developed and begun to implement a strategy for increasing financial assistance from domestic and international sources to support the plan.
- National guidelines on HIV treatment for pregnant women living with HIV, on preventing the mother-to-child transmission of HIV and on infant feeding and HIV have been reviewed and revised as appropriate. National guidelines will be updated throughout the life of the Global Plan in accordance with any revisions to WHO global guidelines.
- In the 22 priority countries, policies have been reviewed to decentralize and task-shift essential HIV activities to the primary care and community levels.

May 2012

- Countries have reported on the estimated number of new HIV infections among children averted and the number of their mothers kept alive in the first year of the plan.
- Community charters have been developed and enacted in 50% of provinces or districts.
- All countries have established baselines regarding essential commodity needs for eliminating HIV infection among children and keeping mothers alive by 2015, including rapid HIV tests, CD4 counts, antiretroviral drug and early infant diagnostics.
- The relevant support and management capacity of country teams and development partners in the priority countries have been increased.

May 2013

- The estimated number of children newly infected by HIV has been reduced by 50% from 2010 levels in at least 10 high-prevalence countries.
- Relevant targets have been met in at least half the provinces or districts of each country.
- Every district has reported regular supplies of drugs and commodities and no stock-outs.

May 2014

- The estimated number of children newly infected with HIV has been reduced by two thirds in at least 15 high-prevalence countries.
- Targets have been met in at least two thirds of the provinces or districts in each country.

End of 2015

Deleted: will …conducted a … [947]
Deleted: analysis
Formatted … [948]
Formatted … [949]
Deleted: ,…have … [950]
Formatted … [951]
Deleted: of
Formatted … [952]
Deleted: ion of
Formatted … [953]
Deleted: will
Formatted … [954]
Formatted … [955]
Deleted: high-burden preva … [956]
Deleted: a
Formatted … [957]
Deleted: y
Formatted … [958]
Deleted: s
Formatted … [959]
Deleted: w…will have been … [960]
Formatted … [961]
Formatted … [962]
Deleted: ¶
Formatted … [963]
Deleted: will
Formatted … [964]
Deleted: one
Deleted: will
Formatted … [965]
Deleted: /
Deleted: will
Formatted … [966]
Deleted: on of
Formatted … [967]
Deleted: child
Formatted … [968]
Deleted: s,… etc… ¶ … [969]
Formatted … [970]
Deleted: R
Formatted … [971]
Deleted: will
Formatted … [972]
Deleted: s
Formatted … [973]
Deleted: infections in children is
Formatted … [974]
Deleted: burden
Formatted … [975]
Deleted: from 2010 levels
Deleted: are
Formatted … [976]
Deleted: of …districts/ … [977]
Formatted … [978]
Deleted: the
Formatted … [979]
Formatted … [980]
Formatted … [981]
Formatted … [982]
Formatted … [983]
… [984]
Formatted … [985]

- The estimated number of children newly infected with HIV has been reduced by at least 85% in each of the 22 priority countries.
- The estimated number of HIV-associated pregnancy-related deaths has been reduced by 50%.

b) Global targets and milestones

June 2011

- A Global Steering Group has been established to oversee global progress and hold key stakeholders accountable.

October 2011

- The Global Steering Group has supported countries in conducting rapid assessment of their status in eliminating new HIV infections among children and keeping their mothers alive.
- The Global Steering Group has developed and activated a mechanism for rapid response technical assistance to meet country-defined needs for support towards eliminating new HIV infections among children by 2015 and keeping their mothers alive.

January 2012

- The Inter-Agency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children has provided the requested support to countries in reviewing and revising national guidelines on treating pregnant women living with HIV, on preventing mother-to-child transmission of HIV and on infant feeding and HIV.
- The Inter-Agency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children has provided the requested support to countries in reviewing policies to decentralize and task-shift essential HIV activities to the primary care and community levels.
- Development partners will have aligned their financial and technical assistance with revised national action plans for eliminating new HIV infections among children and keeping their mothers alive.

May 2012

- The Global Steering Group has reported on the estimated number of new HIV infections among children averted and the number of their mothers kept alive in the first year of the plan.
- Metrics for measuring the survival of mothers with HIV have been established, agreed and tracked in the 22 priority countries.

Deleted: infections in children is
Formatted ... [987]
Formatted ... [988]
Deleted: high-burden prevalence
Formatted ... [989]
Formatted ... [990]
Deleted: is
Formatted ... [991]
Deleted: committee
Formatted ... [992]
Deleted: will have
Formatted ... [993]
Formatted ... [994]
Deleted: committee
Deleted: will have
Formatted ... [995]
Deleted: to
Formatted ... [996]
Formatted ... [997]
Deleted: where they stand vis-à-vis
Formatted ... [998]
Deleted: achieving
Formatted ... [999]
Deleted: on of
Formatted ... [1000]
Deleted: global steering co ... [1001]
Formatted ... [1002]
Deleted: mechanism
Formatted ... [1003]
Deleted: achieving
Deleted: tion of
Formatted ... [1004]
Formatted ... [1005]
Deleted: IATT will have
Formatted ... [1006]
Deleted: ment of
Formatted ... [1007]
Deleted: on of
Formatted ... [1008]
Deleted: ¶
Formatted ... [1009]
Formatted ... [1010]
Deleted: IATT will have
Formatted ... [1011]
Deleted: conducting
Formatted ... [1012]
Deleted: y…reviews …lev ... [1013]
Formatted ... [1014]
Deleted: ¶
Formatted ... [1015]
Formatted ... [1016]
Deleted: on of
Formatted ... [1017]
Deleted: committee
Formatted ... [1018]
Formatted ... [1019]
Formatted ... [1020]
Formatted ... [1021]
... [1022]
Formatted ... [1023]

- The estimated number of children newly infected with HIV has been reduced by 25% from the 2010 level.
- The estimated number of HIV-associated pregnancy-related deaths has been reduced by 10% from the 2010 level.
- All countries have phased out single-dose nevirapine prophylaxis and adopted more effective antiretroviral regimens for women and children.

May 2013

- The estimated number of children newly infected with HIV has been reduced by 50%.
- The estimated number of HIV-associated maternal-related deaths has been reduced by 25%.
- New global guidelines for antiretroviral prophylaxis and antiretroviral therapy have been issued, recommending simpler and more effective drug regimens and approaches.

May 2014

- The estimated number of children newly infected with HIV has been reduced by two thirds from the 2010 level.
- The estimated number of HIV-associated pregnancy-related deaths has been reduced by one third from the 2010 level.
- Fifteen of the 22 priority countries have met the targets.

End of 2015

- All countries have met the targets for eliminating new HIV infections among children and keeping their mothers alive.

Regional targets and milestones

January 2012

- Regional frameworks for eliminating new HIV infections among children and keeping their mothers alive have been finalized or revised.
- Regional strategies for providing South–South technical assistance and support for capacity-building towards eliminating new HIV infections among children and keeping their mothers alive have been developed and rolled out.

May 2013

- At least three regions have declared that they have reached the regional initiative targets.

End of 2015

- All regions have declared that they have reached the regional initiative targets.

Deleted: infections in children is
Formatted ... [1024]
Formatted ... [1025]
Deleted: s... ¶ ... [1026]
Formatted ... [1027]
Deleted: is
Formatted ... [1028]
Deleted: s
Deleted: would
Formatted ... [1029]
Deleted:
Formatted ... [1030]
Deleted: infections in children is
Formatted ... [1031]
Deleted: ¶
Formatted ... [1032]
Formatted ... [1033]
Deleted: is
Formatted ... [1034]
Deleted: ARV
Formatted ... [1035]
Deleted: ART ... ¶ ... [1036]
Formatted ... [1037]
Formatted ... [1038]
Deleted: infections in children is
Formatted ... [1039]
Deleted: -
Formatted ... [1040]
Deleted: s... ¶ ... [1041]
Formatted ... [1042]
Formatted ... [1043]
Deleted: is
Formatted ... [1044]
Deleted: -...s ... [1045]
Formatted ... [1046]
Deleted: s... ¶ ... [1047]
Formatted ... [1048]
Deleted: 15...will ... [1049]
Formatted ... [1050]
Formatted: Bullets and Nu ... [1051]
Deleted: them and
Deleted: - All countries ... [1052]
Formatted ... [1053]
Formatted ... [1054]
Deleted: them and ...will ... [1055]
Deleted: the
Formatted ... [1056]
Deleted: sion of
Formatted ... [1057]
Deleted: -to-
Formatted ... [1058]
Deleted: support ...will ... [1059]
Deleted: will
Formatted ... [1060]
Formatted ... [1061]
Formatted: Bullets and Nu ... [1062]
... [1063]
Formatted ... [1064]

Global goal: to accelerate progress towards eliminating new HIV infections among children by 2015 and keeping their mothers alive

Two overall targets and one target for each of the four prongs of the comprehensive packages of elements for eliminating new HIV infections among children and keeping their mothers alive will be tracked to assess progress towards the global goal of eliminating new HIV infections among children and reducing HIV-associated pregnancy-related deaths by half.

Global target 1: Reduce the number of children newly infected with HIV by 90%

The target of reducing the number of children newly infected with HIV by 90% reflects the contributions of the four-pronged strategy for preventing the mother-to-child transmission of HIV and signifies the importance of a comprehensive approach. Although the 90% target by 2015 is an aspiration, significant progress towards this target can and must be made. This metric captures progress by including at least three of the four prongs outlined on page 9. It not only includes the effects of reducing the transmission of HIV from the mother to her child (prong 3) but also captures the effects of reducing the number of women of reproductive age acquiring HIV infection (prong 1) and the effects of increasing the use of family planning services among women living with HIV (prong 2), which will ultimately reduce the number of children newly infected with HIV.

Global target 2: Reduce the number of HIV-related maternal deaths by 50%

Keeping mothers alive is imperative in its own right. Further, the impact of keeping children alive and HIV-free will be lost if their mothers are not also kept alive. The target of reducing HIV-related maternal deaths by 50% is in accordance with the goals of the Countdown to 2015 Initiative for maternal, newborn and child survival and the UNAIDS *Getting to zero: 2011–2015 strategy*. The indicator captures a broader package of HIV services and maternal, newborn and child health services—a critical step for achieving the goal of this Global Plan. The indicator is the number of HIV-related deaths among women who were either pregnant or gave birth in the preceding six weeks.

SEPARATE BOX:

Monitoring framework for 2015: overall targets, prong targets and indicators[a]

Overall targets

1. Reduce the number of children newly infected with HIV by 90%
2. Reduce the number of HIV-related maternal deaths by 50%

Deleted:
Formatted ... [1065]
Deleted: the
Deleted: on of…child ... [1066]
Formatted ... [1067]
Formatted ... [1068]
Formatted ... [1069]
Deleted: to
Formatted ... [1070]
Deleted: ion…o ... [1071]
Formatted ... [1072]
Deleted: n of
Formatted ... [1073]
Deleted: and
Deleted: childhood …infe ... [1074]
Formatted ... [1075]
Formatted ... [1076]
Deleted: childhood …infec ... [1077]
Formatted ... [1078]
Deleted: While it is recognized that
Formatted ... [1079]
Comment [A1]: Check in la ... [1080]
Deleted: i
Formatted ... [1081]
Deleted: the
Formatted ... [1082]
Deleted: tion of
Formatted ... [1083]
Deleted: —
Formatted ... [1084]
Deleted: ,…the ... [1085]
Formatted ... [1086]
Deleted: tion of
Formatted ... [1087]
Deleted: HIV incidence of
Formatted ... [1088]
Deleted: in among women ... [1089]
Formatted ... [1090]
Deleted: as well as
Formatted ... [1091]
Deleted: ed…for ... [1092]
Formatted ... [1093]
Deleted: —
Formatted ... [1094]
Deleted: HIV infections in
Formatted ... [1095]
Deleted:
Formatted ... [1096]
Deleted:
Formatted ... [1097]
Deleted: more… a…50% ... [1098]
Formatted ... [1099]
Deleted: tion in
Formatted ... [1100]
Deleted: line
Formatted ... [1101]
Formatted ... [1102]
Formatted ... [1103]
... [1104]
Formatted ... [1105]
Formatted ... [1106]
Formatted ... [1107]

Prong 1 target	Prong 2 target	Prong 3 target	Prong 4 target
Reduce the incidence of HIV infection among women 15–49 years old (and 15–24 years old) by 50%	Reduce the unmet need for family planning among women living with HIV to 0 (Millennium Development Goal target 5.B)	Reduce the mother-to-child transmission of HIV to 5% - 90% of mothers receive perinatal antiretroviral therapy or prophylaxis - 90% of breastfeeding infant–mother pairs receive antiretroviral therapy or prophylaxis	Provide life-long antiretroviral therapy to 90% of the pregnant women who need antiretroviral therapy for their own health

Reduce HIV-related infant deaths by 50%

[a]Additional indicators have been developed for the 22 priority countries. See the Global Monitoring Framework and Strategy for the Elimination of New Child Infections by 2015 developed by WHO and UNICEF.

BOX ENDS

Deleted: T
Deleted: T
Formatted: Line spacing: single
Deleted: T
Formatted: Line spacing: single
Deleted: HIV
Deleted: MDG
Formatted: Space After: 4 pt, Line spacing: single
Deleted: g
Deleted: -
Deleted: ART
Deleted: in
Deleted: ART
Deleted: -
Deleted: in
Deleted: -
Deleted: of ART
Deleted: with life-long ART
Deleted: AIDS
Formatted: Font: Arial
Formatted: Font: Arial
Formatted: Not Shadow
Formatted: Not Highlight
Formatted: Not Shadow
Formatted: Not Highlight
Formatted: Not Shadow
Deleted: ,
Formatted: Not Highlight
Formatted: Not Shadow
Formatted: Not Highlight
Deleted: , WHO

* Call to action: towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive

We believe that, by 2015, children everywhere can be born free of HIV and their mothers can be kept alive.

Towards achieving the 2015 targets, governments will:

- provide informed and transformative leadership to make eliminating new HIV infections among children and keeping their mothers alive a high priority at the national, regional and local levels and maximize strategic opportunities for collective action;
- ensure that countries have a current, country-driven, comprehensive and costed plan covering implementation at the national, district and subdistrict levels, including identifying and addressing policy, programmatic and managerial barriers to progress;
- increase both domestic and external investment for programmes based on a robust gap analysis;
- remove financial obstacles such as user fees that hinder women from seeking services and protect health budgets affecting the elimination of new HIV infections among children and keeping their mothers alive from reductions and cutbacks;
- address HIV- and gender-related stigma and discrimination and other related barriers to the effective uptake of essential services and client retention;
- global leaders will promote and support synergy and strategic integration between programmes for preventing HIV transmission among children and programmes for maternal, newborn, child and reproductive health to save lives;
- ensure that investment is made in scaling up services, in creating demand for services and in removing barriers to access and sustained use;
- ensure that a fit-for-purpose approach is implemented at all levels, including the necessary financial and human resources;
- ensure that all four prongs of programmes for preventing the mother-to-child transmission of HIV are implemented and develop a performance-based accountability framework; and
- strengthen strategic alliances to improve the sustainability of the response to HIV, such as by manufacturing AIDS-related supplies and equipment where appropriate.

Formatted ... [1110]
Deleted: c
Formatted ... [1111]
Deleted: remain
Formatted ... [1112]
Deleted: Towards the 201 ... [1113]
Deleted: G
Formatted ... [1114]
Formatted ... [1115]
Deleted: P
Formatted ... [1116]
Deleted: the
Formatted ... [1117]
Deleted: on of
Formatted ... [1118]
Deleted: ….They ... [1119]
Formatted ... [1120]
Deleted: will
Formatted ... [1121]
Deleted: .
Formatted ... [1122]
Deleted: E
Formatted ... [1123]
Deleted: -…:…, ... [1124]
Formatted ... [1125]
Deleted: .
Formatted ... [1126]
Deleted: I…s ... [1127]
Formatted ... [1128]
Deleted: the basis of
Deleted: .
Formatted ... [1129]
Formatted ... [1130]
Deleted: R
Formatted ... [1131]
Deleted: ;…impacting ... [1132]
Formatted ... [1133]
Deleted: -
Formatted ... [1134]
Deleted: .
Formatted ... [1135]
Deleted: A
Formatted ... [1136]
Deleted: as well as
Formatted ... [1137]
Deleted: .
Formatted ... [1138]
Deleted: G
Formatted ... [1139]
Deleted: gies
Formatted ... [1140]
Deleted: .
Formatted ... [1141]
Deleted: E…s…are ... [1142]
Formatted ... [1143]
Formatted ... [1144]
Formatted ... [1145]
Formatted ... [1146]
Formatted ... [1147]
Formatted ... [1148]

Towards achieving the 2015 targets, civil society, including networks of mothers living with HIV, will:

- sensitize leaders at all levels to support evidence-informed decision-making;
- hold governments and others accountable through constructive advocacy and partnerships;
- provide leadership and innovation in programme delivery, such as through task-shifting and task-sharing;
- strengthen the engagement of women living with HIV, men and couples in HIV prevention and treatment programmes for mothers and children and ensure that programmatic approaches do not unduly burden women or inadvertently exclude children;
- fully participate in designing and implementing programmes and monitoring and accountability structures to deliver HIV prevention and treatment services—and be provided with funding commensurate with the services delivered;
- establish community accountability structures for feedback, communication and problem-solving between women's groups, local communities, community-based and faith-based service providers and state-provided health system personnel; and
- unite global, regional and national civil society and activist groups in their advocacy to demand concrete action by governments, donors and international agencies to support women and communities.

Towards achieving the 2015 targets, donor countries and global philanthropic institutions will:

- support funding, provide technical support and build capacity, especially in financial management and the implementation of programmes;
- incorporate the strengthening of health systems into donor support, including innovative approaches to strengthening human resources for health;
- strengthen donor coordination to maximize synergy and reduce the reporting burden of countries in accordance with the "Three Ones" principles;
- intensify support based on the country needs and burden;
- build in transparency mechanisms and provide equitable financing;
- provide streamlined funding driven by country requests, avoiding parallel structures that complicate or undermine country priorities; and

Formatted ... [1151]
Deleted: C
Formatted ... [1152]
Formatted ... [1153]
Deleted: S
Formatted ... [1154]
Deleted: . ¶
Formatted ... [1155]
Deleted: H
Formatted ... [1156]
Deleted: .
Formatted ... [1157]
Deleted: P…for example ... [1158]
Formatted ... [1159]
Deleted:
Formatted ... [1160]
Deleted:
Formatted ... [1161]
Deleted: .
Formatted ... [1162]
Deleted: .
Formatted ... [1163]
Deleted: F
Formatted ... [1164]
Deleted: the
Formatted ... [1165]
Deleted: ation of
Formatted ... [1166]
Deleted: ir
Formatted ... [1167]
Deleted: y. ¶
Formatted ... [1168]
Deleted: E…s ... [1169]
Formatted ... [1170]
Deleted: .
Formatted ... [1171]
Deleted: U
Formatted ... [1172]
Deleted: fy
Formatted ... [1173]
Deleted: D
Formatted ... [1174]
Deleted: S
Formatted ... [1175]
Deleted: particularly
Formatted ... [1176]
Deleted: the areas of
Formatted ... [1177]
Deleted: implementation.
Formatted ... [1178]
Deleted: I…the …of ... [1179]
Formatted ... [1180]
Deleted: .
Formatted ... [1181]
Deleted: S…i ... [1182]
Formatted ... [1183]
Formatted ... [1184]
Formatted ... [1185]
Formatted ... [1186]
Formatted ... [1187]
Formatted ... [1188]

- provide funding to support preventing the mother-to-child transmission of HIV by strengthening maternal, newborn and child health services and reproductive health services.

Towards achieving the 2015 targets, the United Nations and other multilateral organizations will:

- ensure global coherence of efforts in the goal towards eliminating new infections among children and keeping their mothers alive;
- provide clear and simple science-based guidance for HIV prevention and treatment for mothers and children to enable rapid adoption and use;
- develop rapid response mechanisms to respond to countries' needs, including South–South technical support;
- develop a strong accountability framework that can be adapted at the country, global and regional levels to support countries in preparing their clear goals and targets;
- develop robust monitoring and evaluation mechanisms towards achieving these goals and targets, ensuring that the data are used at the local level;
- articulate the response for countries with low and concentrated epidemics and outline actions and links towards the global goal of eliminating new HIV infections among children and keeping their mothers alive; and
- provide guidance on effectively integrating programmes for preventing the mother-to-child transmission of HIV, maternal, newborn and child health services and reproductive health services for countries to draw on, including measurement and evaluation parameters.

Towards achieving the 2015 targets, the business community will:

- advocate for eliminating new HIV infections among children and keeping their mothers alive within the business community;
- support scaling up and accelerating the programmatic responses, including more efficient models of delivering services;
- strengthen innovation and simplification in instruments for delivering services such as HIV diagnostics and drug regimens;
- provide lessons from the private sector that can be used in systems for delivering health care services, such as logistics, resource management and supply chain management, directly support implementation in a country and provide technical support in these areas; and

Deleted: of …through the … [1190]
Formatted … [1191]
Formatted … [1192]
Deleted: of
Formatted … [1193]
Deleted: ,
Formatted … [1194]
Formatted … [1195]
Deleted: T
Formatted … [1196]
Deleted: the
Formatted … [1197]
Deleted: on of…in … [1198]
Formatted … [1199]
Deleted: .
Formatted … [1200]
Deleted: utilization…. … [1201]
Formatted … [1202]
Deleted: -to-
Formatted … [1203]
Deleted: .
Formatted … [1204]
Deleted: for …ation…. … [1205]
Formatted … [1206]
Deleted: the …ement of… … [1207]
Formatted … [1208]
Deleted: age…in …. … [1209]
Formatted … [1210]
Deleted: on of
Formatted … [1211]
Deleted: on of
Formatted … [1212]
Deleted: programmes
Formatted … [1213]
Deleted: and on
Formatted … [1214]
Deleted: ,…and reproduct … [1215]
Formatted … [1216]
Deleted: on
Formatted … [1217]
Deleted: T
Formatted … [1218]
Deleted: A…the … [1219]
Formatted … [1220]
Deleted: on of
Formatted … [1221]
Deleted: .
Formatted … [1222]
Deleted: S
Formatted … [1223]
Deleted: ed
Formatted … [1224]
Deleted: ed…service deliv … [1225]
Formatted … [1226]
Deleted: . ¶
Formatted … [1227]
… [1228]
Formatted … [1229]
Formatted … [1230]
Formatted … [1231]
Formatted … [1232]
Formatted … [1233]

- ensure comprehensive services for preventing the mother-to-child transmission of HIV to employees and the communities of employees based in high-prevalence countries and provide responsive leadership involving men and women.

Towards achieving the 2015 targets, health care workers and their professional associations will:

- contribute to planning programmes and projects as valued partners on the frontlines in the effort to eliminate new infections among children and to keep their mothers alive;
- provide the highest-quality HIV prevention and treatment services to pregnant women living with HIV and their families and work towards attaining a one-stop service for women to maximize access and efficiency;
- eliminate stigma and discrimination in health care settings towards people living with HIV;
- support partnerships with mentor mothers, women living with HIV and their communities and adopt innovations such as task-shifting and task-sharing and recognize mothers living with HIV and members of communities as important advocates and essential contributors to systems for delivering services;
- expand and professionalize the community health worker workforce; and
- ensure that health care providers living with HIV can also receive services for preventing the mother-to-child transmission of HIV without fear of stigma.

Towards achieving the 2015 targets, academic and research institutions will:

- simplify treatment regimens and service delivery systems to enable the accelerated scaling up of programmes;
- accelerate innovations for improving the delivery of services, especially early infant diagnosis and elements of HIV treatment and care related to children;
- support operational research to better understand how to optimally deliver and maximize the impact of integrated services for preventing the mother-to-child transmission of HIV, maternal, newborn and child health services and reproductive health services; and
- conduct operational research on new models of care, especially in the context of managing HIV as a chronic disease.

Deleted: E
Formatted ... [1235]
Formatted ... [1236]
Deleted: on of
Formatted ... [1237]
Deleted: services
Deleted: for
Formatted ... [1238]
Deleted: burden
Formatted ... [1239]
Formatted ... [1240]
Deleted: ;
Formatted ... [1241]
Deleted: H
Formatted ... [1242]
Formatted ... [1243]
Deleted: C…programme a ... [1244]
Formatted ... [1245]
Deleted: wards…the ... [1246]
Deleted: ion of
Formatted ... [1247]
Deleted: . ¶
Formatted ... [1248]
Formatted ... [1249]
Deleted: P
Formatted ... [1250]
Deleted:
Formatted ... [1251]
Deleted: in order
Formatted ... [1252]
Deleted: ies
Formatted ... [1253]
Deleted: .
Formatted ... [1254]
Deleted: persons
Formatted ... [1255]
Deleted: .
Formatted ... [1256]
Deleted: S
Formatted ... [1257]
Deleted:
Formatted ... [1258]
Deleted:
Formatted ... [1259]
Deleted: ;…communities ... [1260]
Formatted ... [1261]
Deleted: service
Formatted ... [1262]
Deleted: y systems
Formatted ... [1263]
Deleted: . ¶
Formatted ... [1264]
Deleted: E
Formatted ... [1265]
Deleted: . ¶
Formatted ... [1266]
Formatted ... [1267]
Formatted ... [1268]
... [1269]
Formatted ... [1270]
Formatted ... [1271]
Formatted ... [1272]